

# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

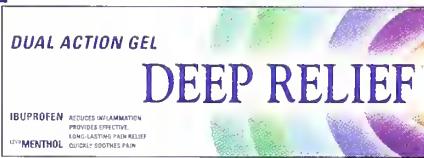


**Why is  
Deep Relief a  
howling success?**



**It's unique - and it's on TV this winter.**

starring  
Derek  
the dog



Ibuprofen plus  
levomenthol

**IMMEDIATE PAIN RELIEF THAT LASTS FOR HOURS**

TRADE CONTACTS: UK - BISM, Tel 01344 741160 Northern Ireland - Prima Brands, Tel 01232 814700 100g; Eastern Pharmaceuticals Ltd Tel 0181 569 8174

ABRIDGED PRESCRIBING INFORMATION: Presentation: Deep Relief is a clear, colourless gel containing Ibuprofen Ph Eur 5.0% and Levomenthol Ph.Eur 3.0%. Uses: A topical anti-inflammatory and analgesic for the relief of rheumatic pain, muscular aches, pains and swellings such as strains, sprains and sports injuries. Also for relief of pain of non serious arthritis (P indication only)

Legal category: GSL/P Product licence holder: The Mentholatum Company Limited, East Kilbride, G74 5PE Scotland PL 0189/0027 Date of information: Jan 1999 FURTHER INFORMATION FROM THE LICENCE HOLDER IS AVAILABLE ON REQUEST

**NPA roadshow  
goes on 30 city  
tour next May**

**Multiples now own  
42pc of pharmacies,  
say new DoH figures**

**Are you a lemming  
or a luddite about  
e-pharmacy?**

**CDA: business as  
usual 100 years on**

**MPs say 'Category D'  
system is inadequate**



**Update: enjoying the  
comfort of home care**



# Time to get personal in smoking cessation

## You, personalised support and NiQuitin CQ

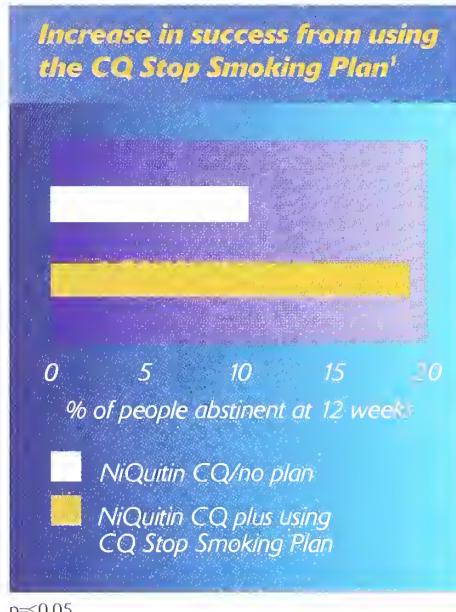
How can a pharmacy offer a product which helps smokers successfully give up, and give every individual smoker the personalised motivational support that's proven to increase success?

NiQuitin CQ offers an answer. Aside from the advanced rate-controlling membrane which is unique to the NiQuitin CQ 24 hour patch, the most important aspect of NiQuitin CQ (and one that simply isn't offered by any other smoking cessation product), is the *clinically proven* advantage that the free, unique and personalised Committed Quitters Stop Smoking Plan gives to anyone taking up and following the plan.

## Personalised for success

Shiffman et al quantified the extra benefit that using the personalised Committed Quitters Stop Smoking Plan can give to NiQuitin CQ patches.

The results showed that significantly more people can successfully give up smoking if they additionally read and follow their CQ Stop Smoking Plan, compared to those only using the NiQuitin CQ patches with their in-pack guides.<sup>1</sup>



## NiQuitin CQ: committed to helping them quit

- A clinically proven step-down patch programme
- A FREE clinically proven, individually tailored plan to accompany the patch programme
- A professionally rewarding approach to smoking cessation

For further information, please contact your SmithKline Beecham Consumer Healthcare representative or call 0500 888878.

## Every plan is completely different

A FREE enrolment call involves a question and answer style conversation to understand the smoker's habits, smoking history and reasons for wanting to quit. From this, each uniquely personalised CQ Stop Smoking Plan is created, which is sent out in stages throughout the 10 week programme. For example, one person may find social situations difficult, so the plan would contain advice relevant to that. Others find morning worse, or find they automatically light up when they're bored: the individual plan would take this into account.

Each CQ Stop Smoking Plan is so highly personalised that each individual receives one tailored just for them.



Contains Nicotin

**NiQuitin CQ Product Information.** Presentation: Matt pinkish-tan, square, transdermal patches. Available in three strengths (sizes): NiQuitin CQ Step 1 (containing 114mg nicotine per 22cm<sup>2</sup> patch), NiQuitin CQ Step 2 (containing 78mg nicotine per 15cm<sup>2</sup> patch), and NiQuitin CQ Step 3 (containing 36 mg nicotine per 7cm<sup>2</sup> patch), delivering 21mg, 14mg, 7mg nicotine respectively in 24 hours. **Indications:** Relief of nicotine withdrawal symptoms, including craving, associated with smoking cessation. If possible, use as part of a smoking cessation plan. **Dosage and administration:** Patch users must stop smoking completely. For a habit of more than 10 cigarettes a day, start with Step 1 for 6 weeks, then continue with Step 2 for 2 weeks and finish with Step 3 for 2 weeks. For a habit of 10 or less cigarettes a day, start with Step 2 for 6 weeks then finish with Step 3 for 2 weeks. For best results complete full course of treatment. Do not use for more than 10 consecutive weeks. If patients still smoke or resume smoking they should seek doctors' advice before using a further course. Apply patch to clean, dry skin site once a day preferably soon after waking. Remove patch after 24 hours and

apply new patch to a fresh skin site. Patches may be removed before going to bed. However, 24 hour use is recommended for optimum effect against morning cravings. Wear only one patch at a time. When handling patch avoid touching eyes or nose. Wash hands after use in water only. **Contraindications:** Use by non-smokers, occasional smokers or children. Hypersensitivity to the patch or its components. **Precautions:** Use only on doctors' advice in cardio-vascular disease (e.g. angina, stroke, arrhythmias, severe peripheral vascular disease, recent myocardial infarction), uncontrolled hypertension; severe renal or hepatic impairment, peptic ulcer, hyperthyroidism, insulin-dependent diabetes, phaeochromocytoma, atopic or eczematous dermatitis. Concomitant medication may need dose adjustment due to reduced nicotine levels; caffeine, theophylline, imipramine, pentazocine, phenacetin, phenylbutazone, insulin, adrenergic blockers may need dose decrease; adrenergic agonists may need dose increase. Patients should be warned not to smoke or use other nicotine-containing patches or gums when using NiQuitin CQ. Keep safely away from children. **Side effects:** Transient rash, itching, burning, tingling at site of application should resolve on removal of patch. Rarely, allergic skin reactions. Occasionally, tachycardia. Other systemic effects may relate either to using patches or smoking cessation: nausea, mild stomach upset, constipation, cough, sore throat, dry mouth, muscle/joint pain, headache, weakness, flu type symptoms, dizziness, sleep disturbance. Mild effects should resolve with continued use, if troublesome, Step 1 users can step down to Step 2 for remainder of initial 6 weeks, then use Step 3 for final 2 weeks. **Pregnancy and lactation incl. trying to become pregnant:** Use only on advice of a doctor. **Legal category:** Product licence number: NiQuitin CQ 21mg (Step 1) 00079/03 NiQuitin CQ 14mg (Step 2) 00079/0346; NiQuitin CQ 7mg (Step 3) 0079/0345. **Product licence holder:** SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BD, U.K. Pack size and R All strengths 7 patches £19.95, Step 1 only 14 patches £35.95. D of last revision: February 1999. NiQuitin CQ, CQ and Commit Quitters are trade marks. References: 1. Shiffman et al; Abstract presented at the first International Conference of The Society Research on Nicotine and Tobacco, Copenhagen, August 1998.

# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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## COMMENT

Pharmacists - or more precisely members of the National Pharmaceutical Association - are to be asked to pay a one-off levy of £25 to establish a fighting fund to meet the costs of the court case next October which will determine the fate of resale price maintenance. Members will be asked to pay the sum with subscription renewals starting in January. "This contribution is essential to the legal defence of RPM and is a small price to pay to ensure the best chance of success in a case which has important ramifications for the future of community pharmacy," says NPA director John D'Arcy. He is right, and pharmacists should not quibble about paying up. It is, after all, their future that is at stake. When the Office of Fair Trading announced it was seeking a review of RPM in October 1995, no one gave RPM a chance. Four years on the case is arguably stronger than it has ever been. The PR issues surrounding RPM have been very effectively managed by the Community Pharmacy Action Group, which is spearheading the campaign. It has been successful in putting straight much of the headline grabbing and misleading nonsense trotted out by Asda. It has explained to consumers the value of a local pharmacy and continues to do so through its 'Local Heroes' campaign (see p46). It has orchestrated a highly effective parliamentary lobby which has focussed on the value the community pharmacy network offers. It has done all this through utilising the expertise of senior people in the industry, and a relatively small budget. However, the court case and preparation for it will be expensive - lawyers never did come cheap - and CPAG needs to ensure it has sufficient funds. Pharmacists need to get behind RPM next year in a major way, and that they are prepared to stump up will be seen as a major signal of intent.

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BUSINESS PRESS

## 'Ask your pharmacist' roadshow itinerary

Dates in bold are members' evenings  
**May 22 London (Victoria)**  
**May 23 St Albans**  
**May 24 Chelmsford**  
**May 25 Maidstone**  
**May 26 Croydon**  
**May 27 Croydon**  
**May 29 Basingstoke (Bank Holiday)**  
**May 30 Salisbury**  
**May 31 Taunton**  
**June 1 Bristol**  
**June 2 Cardiff**  
**June 3 Cardiff**  
**June 5 Hereford**  
**June 6 Shrewsbury**  
**June 7 Newcastle under Lyme**  
**June 8 Warrington**  
**June 9 Manchester**  
**June 10 Manchester**  
**June 12 Liverpool**  
**June 13 Lancaster**  
**June 14 Dumfries**  
**June 16 Belfast**  
**June 17 Belfast**  
**June 19 Kilmarnock**  
**June 20 Glasgow**  
**June 21 Stirling**  
**June 22 Perth**  
**June 23 Edinburgh**  
**June 24 Edinburgh**  
**June 26 Newcastle upon Tyne**  
**June 27 Middlesbrough**  
**June 28 Leeds**  
**June 29 Peterborough**  
**June 30 Birmingham**  
**July 1 Birmingham**

# NPA to hit the road in 2000

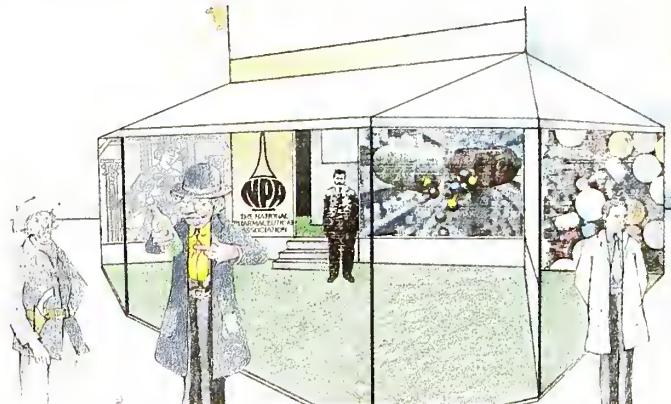
The National Pharmaceutical Association is hitting the road in May 2000 with an 'Ask Your Pharmacist' roadshow, which will visit 30 major towns and cities in the UK over a period of six weeks.

A customised 30ft trailer will form the focus for street theatre and other activities which will promote the benefits of community pharmacy. The trailer will be parked in High Streets and shopping malls.

"It will be street theatre with an informative message," says the NPA's head of PR, Veronica Wray (the project is her brainchild). "Brad the Care Bear is the focus of the act. We are going to use four actors ... there will be giveaways and interactive displays for children and a pharmacy consultation area ... it's going to be great."

Take 3, a theatre company from Covent Garden, is providing the acting talent and will be putting on a 15 minute performance once an hour at each location.

The trailer will be customised with 'Ask your pharmacist' external livery. The interior will have a 'through-the-ages' display and audio visual presentations.



The roadshow will be launched in London (Victoria) on May 22. Six members' evenings will be tied in, each of which will be attended by NPA director John D'Arcy. These will take the form of workshops with topics selected to reflect local concerns. LPCs and members locally will be asked to put forward issues which concern them.

The roadshow is to replace the NPA show which has traditionally been held every four years in St Albans for members. The NPA felt that the turnout for the last show in 1996 was poor and the effort and expense of

putting it on did not justify the return.

The NPA is seeking sponsors for this £100,000 venture, for both the member evenings and for the fitting out of its theatrical 'pantheonicon'. Potential sponsors should contact Veronica Wray on 01727 858687, ext 340.

## New Fellows announced

The Royal Pharmaceutical Society has announced the new Fellows. The members designated fellows for distinction in the profession of pharmacy are:

Mary Allen, who chairs the Hospice and Palliative Care Pharmacists' Group; Nucare managing director Veni Harania; Numark deputy chairman Peter Marshall; Scottish Pharmaceutical General Council chairman Graeme Millar; Trent Regional Pharmaceutical Committee chairman Kenneth Seal; chief pharmaceutical officer for Scotland Bill Scott; and Aston University's director of undergraduate programme at the School of Life and Health Sciences Keith Wilson.

Fellowships for distinction in the science of pharmacy have been awarded to Gillian Eccleston, reader in pharmacy at the University of Strathclyde; and Trevor Smart, Wellcome professor of pharmacology and head of the pharmacology department at the School of Pharmacy, London.

## Are you a lemming or a luddite?

Where do you stand in the debate on e-pharmacy? Do you think medicines should be supplied over the internet? Will this undermine the network of community pharmacies? NPA chairman Kirit Patel warns of the consequences of a headlong rush into e-pharmacy on page 8. Daniel Lee, founder of Pharmacy2U, argues on page 10 that it is the way to go. Let us know your views. Write to the editor, or e-mail us at chemdrug@unmf.com

## PSNC signs up to anti-fraud charter

The Pharmaceutical Services Negotiating Committee has signed up to the Department of Health's anti-fraud charter along with four other key professional associations.

The Counter Fraud Charter commits the signatories to working with the Government on taking practical measures to stamp out fraud and corruption within the NHS. The other organisations are the British Medical Association, the British Dental Association, the Association of Optometrists and the Federation of Ophthalmic and Dispensing Opticians.

Jim Gee, director of Counter Fraud Services, said the Charter would also help to distinguish between malicious fraud and unintentional errors and highlight fraud committed by the patient. The 'point of dispensing check' introduced in recent months was a significant step in countering this.

PSNC general secretary Stephen Axon suggested that problems arising in pharmacy were more likely to relate to patients than to pharmacists. "With pharmacy the system is pretty tight and there is no need for protocols as such. The message now is that pharmacists need to be aware of the Charter and co-operate with it."

An Audit Commission report shows that the level of detected fraud has risen to £4.7 million.

## Boots hosts Scottish reception

Lord Blyth has outlined how the Boots Company hopes to work within the new political environment in Scotland.

At a reception for Scottish parliamentarians and academics, the Boots chairman said Scotland had been treated as a test market for new policies and processes over the years. "Here in Scotland there is the will and the opportunity to consider radically new and different ways of doing things," he said. "The opportunity is for Scotland to take the lead in finding new ways to protect and promote the nation's health."

Lord Blyth commented that community pharmacists are well qualified to take on greater responsibility for the diagnosis and treatment of minor ailments, for the safe and effective management of medicines and for helping

people to manage their own long-term conditions. One of the areas the company will be supporting is the Scottish Council Foundation's Healthy Policy Network in exploring new models of healthcare delivery.

He acknowledged that regional shopping centres are not welcomed by everybody and that there are "well founded" concerns about the effect on established shopping centres nearby. He said more Boots stores would appear at the edge of town, but the company will continue "to work closely with central and local government to maintain the attractiveness and vitality of existing town centres".

Reception guests included Royal Pharmaceutical Society president and Edinburgh resident Christine Glover.

## Bairbre de Brun is NI health minister

Bairbre de Brun, the Sinn Fein politician, will be the health and social services minister in Northern Ireland's new coalition government.

The 44-year-old language teacher has been described as "an extremely capable individual" by Terry Maguire, director of the Northern Ireland Centre for Postgraduate Pharmaceutical Education and Training. The Pharmaceutical Society of Northern Ireland welcomes the establishment of the

new government and is looking forward to working with it, he said.

Mr Maguire described the new government as a "major opportunity to engineer what might be a very different pharmaceutical service to the rest of the UK".

Ms de Brun's will oversee the introduction of primary care co-operatives, the equivalent of English primary care groups. PSNI will be lobbying to ensure pharmacists are PCC board members.

## IN BRIEF

### Drug recall - diclofenac

Ranbaxy (Ireland) is recalling all batches of diclofenac sodium tablets 25mg and 50mg. This is due to the possibility of breakdown in the enteric coating. The class 2 medicines recall was issued on November 24. Further details are available from Mr J Sheehy at Ranbaxy (Ireland) on +00 353 62 61206.

### Drug recall

Fresenius Kabi is recalling Vamin 9 glucose for infusion 1 litre, batch number 96707A01, expiry date March 2001. This is due to the label incorrectly stating potassium content as 25mmol per litre and magnesium content as 4mmol per litre when it should read 20mmol per litre and 1.5mmol per litre respectively. This class 2 recall was issued on November 24. Further details from Karen Flaherty at Fresenius on 01928 594330.

### Scottish monthly statistics

There were 4,802,748 prescriptions dispensed in Scotland in August, 4,793,081 by chemist contractors, at a total cost to the exchequer of £53,163,321. For chemist contractors, the ingredient cost per prescription was 1011.56p, dispensing fees were 95.16p with a professional allowance of 34.60p and a net cost of 0.17p. The gross total per prescription was 1155.19p or 1093.37p net. The average CD fees cost per prescription was 7.31p.

### Price List correction

In last week's *Price List* supplement the following products by Selective Brands UK were incorrectly shown as being discontinued: Bawling Green, Eau de Grey Flannel, Grey Flannel, Halston Catalyst and Salvador Dali. They have not been discontinued and the current ranges appear in this week's supplement.

### RPS appoints policy head

The Royal Pharmaceutical Society has appointed Eileen Neilson to head its policy support unit. She is currently health policy analyst at the UK Central Council for Nursing, Midwifery and Health Visiting.

# Over two thirds of pharmacies are now in multiples

The proportion of pharmacies in multiples has risen over 50 per cent since 1990.

In 1990-91, some 28 per cent of pharmacies were in chains of more than five in England and Wales, but by 1998-99 42.5 per cent of pharmacies were in multiples. However, over the same period the number of pharmacies having NHS contracts has only increased slightly from 10,420 to 10,492.

Multiples are also more likely to have higher dispensing rates. In 1998-99, of those pharmacies dispensing up to 1,000 prescriptions per month, multiples accounted for 27 per cent. However, 59 per cent of pharmacies dispensing over 10,000 items a month were in multiples. The median pharmacy dispensed 3,562 items per month. There

were 518,3m dispensing fees received in 1998-99, up 32.3 per cent from 391.5m in 1990-91. The average number of fees per pharmacy was 49,402.

The latest Statistical Bulletin from the Department of Health also highlights the impact of distribution on pharmacy closures, with those closer to other pharmacies more likely to close. Within the last eight financial years, between 50 and 71 per cent of pharmacies closing had been within 500m of the nearest pharmacy, but between 45 and 68 per cent of pharmacies opening were more than 1km from the nearest pharmacy.

In terms of serving the population, there were 201 community pharmacies per 1 million population in 1998-99. Kensington, Chelsea and

Westminster Health Authority has the highest ratio of pharmacies to population with the equivalent of 402 per million. However, the same HA pharmacies dispense the fewest items per month with an average of 1,461.

The number of pharmacies qualifying for the Essential Small Pharmacy Scheme was 283 in 1998-99, up from 168 in 1990-91.

Some 3,809 pharmacies were receiving a payment for providing advice to residential and/or nursing homes. The number of appliance contractors has been decreasing, although the number of items dispensed by them is increasing. There were 231 appliance contractors at March 31, 1999, which had been responsible for 12.5m items, up 4.4 per cent on the previous year.

## Pharmacists in Welsh prescribing group

The 'task and finish group', set up to look at prescribing in Wales, is to include three pharmacists.

The group's remit covers cost-effectiveness, supply arrangements and new drugs. It will be chaired by Dr Norman Mills, who recently retired as chief executive of the Llandough Hospital and Community Trust. The terms of reference of the group are:

- to consider how the National Assembly for Wales can improve prescribing, the provision of pharmaceutical services and the supply of pharmaceuticals
- to quantify the likely benefits and resources needed to implement these options
- to identify barriers to implementation and action the Assembly can take to overcome them
- to consider what information the Assembly should gather on the need for prescribed drugs and on the contribution of prescribed drugs to the overall health and well-being of the people of Wales
- to make recommendations to the Health and Social Services Secretary.

The three pharmacist members are Christopher Martin, Mike Pollard and Alan Wilson. Mr Martin is managing director and pharmacy superintendent of a community pharmacy group in West Wales and vice chairman of Pembrokeshire Local Health Group.

Mr Pollard is chief pharmacist at Wrexham Maelor Hospital, member of the Welsh Hospital Drug Contract Committee, and secretary to the Welsh Chief Pharmacists' Committee. Mr Wilson is executive director of community partnership in Llwynnwyd Morganwg Health.

Jane Hutt, Health Services Secretary at the National Assembly for Wales, said that the National Institute for Clinical Excellence will go a long way to ensure effective new medicines are brought into use quickly and with equality of access across the NHS. "But we need to examine the way NICE's clinical guidelines are taken into account when setting local priorities and the best arrangements for putting these guidelines into practice." The group will report to the Assembly's Health and Social Sciences Committee next summer.



As part of its drive to become 'The customer friendly chain of community pharmacies', National Co-operative Chemists is publishing the second edition of its formulary of over-the-counter medicines for specific minor ailments. The formulary is being distributed to its 277 branches and is being backed up by training evenings, a work-book for all 1,600 staff, and shopping vouchers as incentives for completing the course. Next year, shops will be subject to mystery shoppers and minor ailment 'bookmarks' will be available for customers. Discussing the new formulary and the customer 'bookmarks' are Adrian Price, manager of the Birchwood, Warrington, NNC branch and staff supervisor Carol Glynn.

## MPs push health minister on range of pharmacy issues

The health minister, John Denham, has confirmed that the Government is meeting pharmacy and GP representatives "within the next few days" to resolve the problems of dispensing GPs in rural areas.

The plight of rural pharmacies was raised by MPs from all sides. Mark Todd, the Labour MP for Derbyshire South, called for prompt settlement of

claims for remuneration, and urged ministers to recognise that smaller pharmacies had an "extremely limited" ability to absorb lower unit costs.

Mr Denham said he would look at any particular problems with the payment of remuneration to pharmacies.

He told Jenny Tonge (Liberal Democrat) that there were detailed plans to deal with the pressures of the

millennium period, but he ducked the controversial issue of extending prescribing rights for the morning after pill to pharmacists.

Mr Denham told John Healey (Labour, Wentworth) that he was unable to bring forward proposals to enable pharmacists to deliver some medicines without prescription, but that the matter was under consideration.

## All-party pharmacy group prioritises morning after pill

An all-party group of MPs on community pharmacies plans to make the expansion of prescribing with the morning after pill their priority.

The all-party pharmacy group is to be launched at its first executive meeting on December 7. "The first meeting at the end of January will look at pharmacy prescribing post-coital contraceptives," said Dr Howard Stoate, one of the founding members of the group.

It is planned to have a high profile speaker at the January meeting to discuss the case for allowing wider prescribing of the morning after pill.

## NPA says 'no' to Society registering technicians

The National Pharmaceutical Association has joined the PSNC in opposing proposals that the Royal Pharmaceutical Society should adopt a regulation/registration role for pharmacy support staff.

The NPA says this development will not bring any tangible benefits and the Association is unclear as to why it was considered necessary.

If the intention is to ensure minimum standards of competence among support staff, pharmacists are already obliged by the Code of Ethics to ensure that staff have the necessary skills to perform designated tasks. Regulation of technicians can therefore be achieved, as at present, via the regulation of pharmacists.

The NPA was responding to the RPSGB paper, 'A Possible Role for the Society in the Regulation of Pharmacy Technicians and Other Qualified Dispensary Support Staff'. Its comments follow those made in response to the second 'skill mix' consultation put out by the Society, which included a proposal that the RPSGB should become the registration body for

## Nominations invited for PSNI fellowships

Nominations are being invited for fellowships of the Pharmaceutical Society of Northern Ireland. Criteria for fellowships are:

- pharmacists who have distinguished themselves in the science, practice or profession of pharmacy and have enhanced the good reputation, image or status of the profession to an exceptional degree

# NPA pushes for 'e-hallmark' for internet health advice

The National Pharmaceutical Association is supporting the idea of an 'e-hallmark' to ensure that any advice to consumers about medicines and medicinal treatment provided over the internet is of sufficient quality and accuracy.

At its meeting last week, the NPA board also made clear its position on internet sales of medicines. While welcoming the opportunities presented by the internet to improve communication between pharmacists and other health professionals, consumers and suppliers, the Association remains firmly opposed to the promotion of

medicines for sale via the Internet.

It made these concerns clear in a letter to the trade and industry secretary, Stephen Byers, in November, arguing that medicines could not be viewed as ordinary items of commerce, and that they needed special consideration in order to protect consumers and public health.

The Association has urged Mr Byers to ensure the DTT liaised closely with the Department of Health in drafting UK legislation on e-commerce.

The NPA is to continue, at national and European level, to press for a ban on the direct-to-consumer marketing

and sale of all medicines through the internet.

- The web site Directory of National Pharmaceutical Association member pharmacies on the NPA consumer web site is now up and running and can be found at [askyourpharmacist.co.uk](http://askyourpharmacist.co.uk).

Every NPA pharmacy is listed and consumers can use it to access the contact details of their nearest pharmacy. From the new year, members will be able to pay for an enhanced entry on the Directory in which they can add extra information about their pharmacy services and opening times.

... STOP PRESS ... STOP PRESS ... STOP

## Council Statement: On-line pharmacy services

"On-line pharmacy supply of medicines may not comply with the provisions of the present Code of Ethics. Revision of the Code is taking place. The Council is determined to ensure that all developments in pharmacy services provide the best possible standards of security and confidentiality, high levels of professional service including screening and record keeping with pharmacists' accountability. In particular, all information and advice linked to the profession must comply with quality standards."

It is understood guidance from the Society on e-commerce in medicines will be issued early in the new year.



The NHS Winter campaign was launched on Tuesday in a London pharmacy. Chief medical officer Liam Donaldson stressed on national news that pharmacies are open long hours and staff trained to give people advice on minor illnesses. "The idea of this campaign is to complement the action that's going on at a local level by making people aware nationally that there are alternatives when you have a minor illness to contacting your doctor." Pictured at the campaign launch in the Guardian Pharmacy, King's Road are, from left: acting chief pharmacist Jeanette Howe, chief nursing officer Sarah Mullally, CMO Professor Liam Donaldson, Kensington, Chelsea and Westminster LPC chairman Yogen Patel, and pharmacy owner Andrew Ng (Picture: John Goodman)

## The challenge on smoking

My invitation from NICPPET to the Smoking Challenge 2000 workshops has been received, the acceptance posted and I look forward to the event.

Each New Year, I am impressed by the surge in sales of NRT products. My interest in this training event arises from my lack of success in keeping those who started so well, on track and motivated two, three and ten weeks later.

This is the challenge and I need the skills to enable me to support those who are motivated to stop, and to stay stopped.

If I can get them on to NRT and keep them on it for longer, this also makes excellent business sense! It's not all selfish however. According to the Government, smokers are twice as likely to stop successfully when on NRT.

Charles Handy, a business writer, has called my approach 'proper selfishness'. I like this concept. It allows me to be more businesslike in my professional activities and more professional in my business activities.

**"A business writer called my approach proper selfishness. I like this concept"**

We all know that smokers need to stop to avoid illness and premature death, and the Health Services have clear targets to be achieved in this area. Why should I not capitalise in this area? There is little sign of the Government paying me.

I have never been a smoker and remain confused as to why people continue to smoke when the damage to health is so obvious. The skills involved in supporting smokers through stopping clearly involve psychology and communication, areas I have little training in, so I trust the training workshops will give me what I need.

I suppose this is an example of CPD: I know what I cannot do and I am taking steps to get the training so that I will be able to do it. The next step depends heavily on the training provided.

I hope that when I am doing my rota stint over the Millennium Holiday I will not be dealing with too many war wounds and hangovers, but will have time to give sensible and meaningful support to those smokers who use the New Year as a focus to stop.

*Written by a practising Northern Ireland community pharmacist*

# Xrayser

Topical Reflections

## Good advice too late is all but useless!

At the end of last week I received, at last, the official advice from the NHS Executive on what action should be taken by doctors to limit the problems of the excessive prescribing of drugs across the extended Christmas and millennium holiday.

The circular HSC 1999/238 was dated November 18 and reached me on November 24. But it is all too late! The advice is good and very reasonable, but it should have been issued at least two months earlier!

I have been dispensing double supplies of drugs to cover the millennium since the beginning of October. It is still happening and is not going to stop now.

There is always a siege mentality at Christmas but this year is worse than ever. And when I moan to my local surgeries they shrug off the problem as just another pharmacist having a little whinge. "Well, if you're have problems with supply, give an owing slip," was one surgery's response.

There is a real risk of disruption of supply over Christmas and the New Year, but many doctors have only seen it as a problem for someone else to deal with.

This official circular from the NHS Executive proposes a common sense approach which, if it had been issued in good time, could have been used by health authorities and primary care groups to ensure a reasonable and consistent approach by all practices. But late November is far too late!

## Doctors today, but it could be pharmacists tomorrow

I have every sympathy for GPs who must feel under threat from recent proposals by the Department of Health to give health authorities powers to instantly suspend GPs suspected of underperforming (C&D November 27, p4 and p7).

But that sympathy may be short-lived as community pharmacists are also contracted professionals working in primary care, and what is deemed



appropriate for medical practices could easily be extended to pharmacists.

The Royal Pharmaceutical Society has always maintained that as the regulatory body it is in the best position to maintain standards in community pharmacy, but the NHSE could even now be looking to incorporate standards into our contract and provide HAs with the powers to enforce those standards.

Certainly the present mechanism for improving poor practice is almost as cumbersome and difficult to operate in pharmacy as it is in medicine, but arguably the pressure for change from high public profile cases of bad practice is less (although the Consumer's Association might not agree).

The Department of Health may have difficulty introducing its proposals for GPs but once they are established a precedent will have been set for all contractor professions.

I would prefer that the RPSGB remained as the sole enforcer of standards but I can also sympathise with the Department of Health's position. If the present system is to continue it must be made more responsive to the needs of the patient and be seen to achieve permanent, effective improvements.

The alternative could be a repeat of the battle now looming on the medical horizon.

## Speculate to accumulate?

I was recently offered a good deal on thyroxine 100mcg tablets at £30 per 1,000 when the Tariff price is £60. I thought it was a good deal until I saw that I had been sent bulk 1,000 packs manufactured by APS in October 1998.

I was buying these packs at the end of last year for less than £3 per 1,000 and for at least the last six months APS have only been supplying in patient packs of 28 tablets.

I am still buying well by today's prices but what an investment for the original purchaser! Between the time of manufacture and being dispensed those little pots of tablets have made some middle dealer a very happy person.

## Now how about latanoprost...

I am delighted that affected contractors can now apply for a retrospective discount adjustment for generically written scripts for tacrolimus capsules (C&D November 27, p6). I am not affected but I have lost a lot of money over the similar and potentially more widespread problem with latanoprost. I now wait with impatience to hear how I will be reimbursed for the losses I have incurred with latanoprost.

**W**e learned last week that the first UK internet pharmacy site had gone on-line.

While not surprised by this initiative, pharmacists might have expected its arrival to be greeted with concern, not least by the Royal Pharmaceutical Society.

The reaction from the Society has been almost total silence, almost encouragement. In giving the emergence of e-commerce pharmacy tacit approval, it seems the profession may be in danger of losing the plot.

It is well recognised that if community pharmacy is to survive and prosper, there is a need to develop its cognitive role. While pharmacists enjoy a key position in the supply of medicines to patients, this is only part of the process of good pharmaceutical care.

The value of a pharmaceutical service is not in the supply but in the advice and information that goes with it. Most interventions by the pharmacist, particularly in medicines management, rely heavily upon face-to-face contact with the patient.

It is worth noting that, in 25 per cent of cases, a pharmacist's intervention does not lead to a sale of any medicine. The best pharmaceutical care will only be provided where there is direct contact between the patient and the pharmacist. Anything else is second best because the provision of appropriate counselling, advice, and response to any queries cannot be guaranteed.

Medicines are not ordinary articles of commerce. The special nature of medicines is recognised in both European and UK legislation. Medicines will only be granted a marketing authorisation if they can be shown to satisfy the triple test of quality, safety and efficacy.

Further, POM and P medicines can only be sold or supplied on pharmacy premises under the supervision of a pharmacist. The view of the Department of Health is that the mail order supply of medicines is illegal.

The UK is characterised by having a Pharmacy medicines category linked to a requirement for pharmacist supervision of their sale. Internet supply of medicine will seriously undermine any supervisory arguments and make it very difficult to sustain our ability to hang on to this category of medicine.

The profession's Code of Ethics fully acknowledges the special status of medicines. Guidance to the Code makes it clear that a necessary part of pharmaceutical care is direct face-to-

# Endangering liaisons?



National Pharmaceutical Association chairman **Kirit Patel** warns of the consequences of a headlong rush into e-pharmacy, and asks what the Royal Pharmaceutical Society is up to ...

face contact between the pharmacist and the patient or carer.

This applies equally when the patient or carer calls at the pharmacy or where medicines are delivered to the patient's home. In consequence, the Code forbids the use of mail order in anything other than exceptional circumstances.

Against this background the profession has been resisting mail order for many years. The reasons for this are straightforward. If the supply of medicines by mail order, e-commerce or any other 'arms length' route of supply is encouraged, a coach and horses will be driven through existing regulatory and ethical controls.

The inexorable end-point of such a scenario will be the concentration of supply into the hands of a small number of well-resourced players. This will seriously undermine the financial viability of a large number of pharmacies and threaten the current network of community pharmacies to the detriment of patients who rely so heavily upon it.

A widespread network of easily accessible pharmacies is a key strength of pharmacy and a factor highly valued by patients and their advocates. It is also recognised to be a significant plank in delivering the Government's healthcare strategy.

This strategy is based upon equity of access and will place a major focus on primary care. The Government recognises that greater use needs to be made of community pharmacists who will have a key role to play in taking the burden off an already overstretched healthcare service.

One of the factors contributing to a network of pharmacies is the Control of Entry Regulations. These regulations have worked well in ensuring that patients gain reasonable access to pharmaceutical services and are slowly pushing us towards the utopia of a rational distribution of pharmacies.

Maintenance of an easily accessible network of community pharmacies is a key strand of pharmacy's RPM campaign. Our argument in favour of retaining RPM on medicines is straightforward: if RPM goes, the financial support given to pharmacy from the sale of non-prescription medicines will be eroded to the extent that many pharmacies will be forced to close.

The unique skills and knowledge of the pharmacist in the action and use of medicines, and pharmacists' ability to present a unique perspective on improving public health and wellbeing wherever medicines are used, is the basis on which pharmacists have fought for

professional recognition for over 150 years.

Linked inextricably with this is the importance of the pharmacy premises in delivering a platform from which to offer services on a face to face basis at the heart of local communities. Now that e-commerce has arrived, we seem to have swallowed our principles and 'rolled over' in the face of new technology.

We seem to be forgetting that technology is an enabler and not an end in itself. Please do not make the mistake of thinking we are in any way being luddite - far from it. We fully recognise the benefits that new technology will bring in improving pharmacy's ability to enhance and improve its commercial and professional role.

But we must not allow the simple pace of change or emerging new technologies to undermine our fundamental professional principles.

While Pharmacy2U is the first e-pharmacy site, others from across the Atlantic will join UK-based companies waiting in the wings. They will be quick to follow suit and exploit any commercial opportunity associated with e-trading medicines.

The profession cannot afford to sit back and simply let events take their course. It is essential that we have the courage of our professional convictions. Ensuring that medicines are of the right quality and are taken safely and appropriately is a matter of significant public interest and importance.

The legality and ethical status of what is now on offer from Pharmacy2U needs to be ascertained as a matter of urgency. Pharmacists have a right to expect prompt, firm and decisive action from the Society.

Delay and procrastination will not only play into the hands of those who seek to emulate Pharmacy2U's lead. It will render redundant the hard work of our predecessors who fought so hard to establish the professional worth and importance of the pharmacy profession.

In view of the unregulated nature of the internet and the absence of any 'gatekeepers', the Society's Council should not allow any form of electronic mail order in the interest of public safety.

The Society has set out an ambitious vision for the future of pharmacy. We fully support this vision. However, its achievement is dependent upon a robust pharmacy infrastructure. Anything which serves to undermine this infrastructure must be resisted.

# ZANTAC<sup>75</sup>

ranitidine (as HCl) 75mg

## FOR THOSE JUGGLING BUSY LIVES



## Gentle, effective relief from Heartburn and Indigestion for up to 12 hours

- "Outstanding safety profile...not considered likely to mask serious gastric symptoms." Pharmacy Magazine 6/98
- Treatment for heartburn and indigestion that works at the source.
- One small tablet provides relief for up to 12 hours.



Nothing works longer than ZANTAC<sup>75</sup>

**PRESENTATION** Each tablet contains 75mg ranitidine. **USES** For the relief of indigestion, heartburn, and hyperacidity. For the prevention of food and drink-related indigestion, heartburn, and hyperacidity. **DOSAGE and ADMINISTRATION** Adults and children aged 16 and over, one tablet. No more than four tablets should be taken in any 24 hour period. **PRECAUTIONS** treatment should be restricted to a maximum of two weeks' continuous use at any one time. Patients should contact their doctor if their symptoms do not improve after two weeks of continuous treatment. Should not be taken by the following groups of patients unless under medical supervision: patients with a previous history of peptic ulcer disease, patients with renal or hepatic impairment, patients middle-aged or older with new or recently changed dyspeptic symptoms, patients who are pregnant, trying to become pregnant, or breast feeding, patients with unintended weight loss, patients taking MAO inhibitors, patients with gastrinoma, patients with intestinal bleeding or patients with a history of porphyria. **SIDE EFFECTS** Generally well-tolerated. Rarely headaches, dizziness, depression, constipation, and allergic reactions. See SPC for further details. **LEGAL CATEGORY** P. **RETAIL PRICE (ex VAT)** Zantac 6's £1.69, Zantac 12's £3.31, Zantac 24's £6.96. **PRODUCT LICENSE NUMBER** PL 0949/0223. Further information available on request from Customer Services, Glaxo Wellcome Limited, Stockley Park West, Uxbridge, Middlesex, UB11 1BT. **DATE OF PREPARATION** May 1999.

The explosion of the internet cannot be denied. Some \$5.4bn worth of business-to-consumer trade over the internet is predicted in Europe in 1999<sup>1</sup>. Rapid growth is expected to continue, with European consumer purchases over the internet reaching a staggering \$50bn by 2002 as the number of internet users expands.

Studies have also shown that over 80 per cent of all consumers already online are interested in using the internet for health-related matters<sup>2</sup>, and 31.6 per cent of internet users have shopped for healthcare products on-line in the past six months<sup>3</sup>.

The UK is no exception to this growth of the internet, with the percentage of users predicted to grow to 35 per cent of adults by 2001 - only 4 per cent behind the US. Figures also show that UK consumers on-line will spend 22 per cent more than their US counterparts per person in 1999<sup>4</sup>.

The practice of pharmacy has not been unaffected by the internet. Unsurprisingly, most of the activity has been in the US. The success of such players as Drugstore.com, Soma.com and PlanetRx.com since their launch less than a year ago has been marked.

Rapid acceptance by consumers has resulted in large investments from other online players such as Amazon.com which took a 40 per cent stake in Drugstore.com. Large retail pharmacy chains have also bought into these start-ups, with the acquisition of Soma.com by CVS Corp for \$30 million, legitimising e-pharmacy as a new and important channel in the consumer healthcare system.

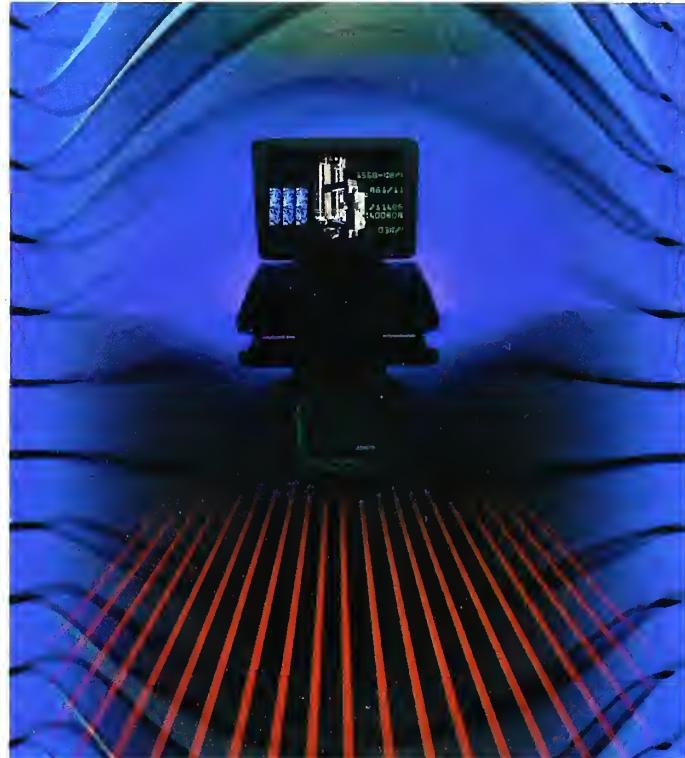
The success of these on-line pharmacies in the US is a clear indication that patients wish to use this emerging channel to obtain their pharmacy care, both in terms of obtaining medicines and also obtaining information and interacting with pharmacists and other healthcare professionals.

Reasons for this are not difficult to imagine: 24 hour-a-day access from the comfort of home, unlimited choice provided by a retailer with unlimited shelf space, doorstep delivery, low prices and easy payment have all proved very attractive. Realising this landscape, Pharmacy2u believes that it makes both business and ethical sense to provide similar services to UK patients.

In reality the business aspects are the simple part of the equation. We are incredibly optimistic about the acceptance of its services by prospective patients. Customers will be able to rapidly search through more than 10,000 products. State-of-

Last week saw the launch of the UK's first internet pharmacy - Pharmacy2u. The co-founder and managing director, **Daniel Lee**, explains how this quantum leap should be seen as a positive step

## Virtual pharmacy



the-art web security allows safe and simple payments. Patients who register with Pharmacy2u will be able to submit private prescription details, and a price will be quoted by return e-mail. No dispensing takes place until the prescription is actually sent to the pharmacy. Deliveries will then be made by Pharmacy2u vans.

In addition, we have plans to begin to drive the expansion of internet-enabled pharmacy by facilitating the inclusion of numerous traditional independent pharmacies into our network. It is our hope that many pharmacists will wish to join: this will enable patients who submit their prescriptions to Pharmacy2u on the internet to be able to actually collect the medicines at a local pharmacy.

This 'clicks and mortar' approach allows the best of both worlds, with convenience coupled to speed of fulfilment. The patients get the medicine they need with added convenience. The local pharmacy will benefit from increased prescription traffic and footfall and a very real competitive advantage over other pharmacies not included in the network. Pharmacy2u benefits by

capturing more users for its website.

The more difficult challenges come when we venture into the ethics of using the internet to facilitate pharmaceutical care. The Medicines Act coupled to Royal Pharmaceutical Society's Code of Ethics are the principle guardians of this realm.

When planning Pharmacy2u, we thought hard about these issues. It has never been our intention to operate in a manner that would undermine the profession of pharmacy. It is simply our aim to try to bring pharmacy to the internet for the many patients who clearly wish to use this new and convenient channel.

All medical professionals know the problems that exist in trying to ensure patients receive the treatment their doctor has intended for them. Often, medicines are not collected simply because the patient does not have time to visit a pharmacy, or more importantly, is unable to visit a pharmacy for reasons of health.

We feel one way to address this problem of compliance is to make the receipt of medication as convenient as possible, but clearly not putting the safety of patients at risk in the

process. How has this safety factor been achieved?

The importance of the secure delivery of medicines, and the provision of the correct advice to the patient when the medicine is delivered is well acknowledged by Pharmacy2u. The following safeguards have been put in place:

- We do not distribute via a third party. Care has been taken to establish our own distribution network to ensure that we have total influence over the security of delivery and the quality of information being passed on.

- Much effort has been made to ensure that when patients purchase OTC medicines, they have access to a huge amount of information that has been constructed to ensure that it is as understandable as possible.

- Patient registration and an on-line questionnaire will ensure all relevant medical details are known prior to the delivery of any medicine. If there is any doubt over the safety of the transaction, the pharmacist will not authorise delivery of the medicine when he checks the transaction.

- Pharmacy2u is a registered pharmacy with a physical location which is open for inspection just like any other. We are expecting a visit from the RPSGB next week. It is our belief that any transaction involving medicines will occur under the control of a pharmacist as in any other situation.

It is simply our wish to be permitted to bring pharmacy in the UK into the electronic age in a professional way. Currently, individuals are able to purchase prescription medicines in the UK over the internet without a prescription or the intervention of a pharmacist via e-commerce sites hosted abroad.

If individuals wish to obtain medicines in this manner, we believe it is unethical to fail to offer a safe and professionally controlled channel to allow it to happen. If e-pharmacy does not happen, the profession will be unable to act as guardians of the safe use of medicines as we move into the 21st century.

For this reason, we would welcome regulation of pharmacy on the internet, and guidance from the Society on what it expects. However, to date attempts to discuss these issues have not proved successful.

1. IDC

2. American Internet Users Survey 1997

3. Forrester Research cited in Reuters

20/5/99

**ONE PAIN**

**IN THE BUM THEY**

**NEEDN'T BE**

**LUMBERED WITH**



Allow your customers to throw away the disguises. Piles sufferers find having to ask for a treatment so embarrassing that many go without, doing themselves out of a remedy and you out of a sale. Anusol is the best known of all the piles remedies and has more than twice the consumer loyalty of any other brand. So get it out from behind the counter and display it where they can simply pick it up. It's a proven way to improve your bottom line.



# Medical matters



## 50s kids had healthier diet

Children in the 1950s ate more healthily than children today, despite rationing and limited knowledge about healthy eating, says a new study from the Medical Research Council published in the latest Public Health Nutrition.

The average diet of a four-year-old child in the 1950s contained more bread and vegetables, and less sugar and soft drinks compared to today's children, putting it more in line with present recommendations for a healthy diet.

The study looked at diet records of 4,600 children living in England,

Scotland and Wales who were aged four years old in 1950 and compared them with diets of children of the same age in 1992.

Professor Michael Wadsworth, director of the MRC's National Survey of Health and Development, and his team found bread and milk to be the main components of the 1950s diet, making it rich in calcium and fibre. In the 1990s consumption was much lower. Tea was the most common drink in the 1950s whereas sugary soft drinks were the favourites this decade.

Although vitamin C intakes were similar in both groups of children,

intake in the 50s was mainly from vegetables whereas today it is primarily from juices and drinks. Iron intake was less in 1992 (average 5.9mg per day) compared to 1950 (average 7.7mg per day) because they consumed more red meat and less poultry. And despite fat consumption being higher 40 years previously, children still managed to consume more vitamins, minerals and fibre than their 90s equivalent.

Professor Wadsworth said: "In 1950 the average diet was still influenced by post-war austerity but the food and nutrient intake of young children at the time was better than today."

## Cardiac complications with Clozapine

Clozapine has been linked to potentially fatal cardiac complications in physically healthy young adults with schizophrenia by an Australian study in this week's *Lancet*.

Professor David Celermajer *et al* identified 8,000 patients who had started clozapine therapy between January 1993 and March 1999, and searched for cases of myocarditis and cardiomyopathy from voluntary reports to the Australian Adverse Drug Reaction Committee. They also sought reports from related diagnostic studies and/or necropsies.

They found 23 cases of cardiac complications linked to clozapine treatment: 15 from myocarditis and eight from cardiomyopathy. Six patients had

died, five of them from myocarditis within three weeks of starting therapy and one from cardiomyopathy, which was diagnosed up to 36 months after initiation of therapy. Necropsies showed eosinophilic infiltrates with myocytolysis, indicating an acute drug reaction.

The authors recognised clozapine to be highly effective in treating schizophrenia but the results showed therapy to be associated with an increased risk of fatal myocarditis and cardiomyopathy in physically healthy adult schizophrenics. Moreover, the voluntary nature of the reporting of adverse reactions means that the true incidence of cardiac complications may be underestimated.

## Glucose can help smokers quit

Glucose tablets could help smokers quit, according to new research presented at the Second European Conference on the Society for Research on Nicotine and Tobacco in London last week.

Professor Robert West, professor of psychology at St George's Hospital Medical School, explained that nicotine suppresses appetite so chronic nicotine ingestion could lead to adaptation, such that hunger pangs are misinterpreted as a craving for a cigarette.

He cited a study which found that if glucose was chewed between the first and second week of stopping smoking the urge to smoke was lower than in a second group that chewed low calorie sweets. Another study found that if glu-

cose was chewed over four weeks the participants in the study were more likely to stay off cigarettes than the placebo group.

He said more research was needed to find cheap, readily available smoking cessation aids with few restrictions on use.

● Professor West also told delegates that support from routine health professionals (such as practice nurses) for smokers wanting to give up is not evidence-based and that smokers should be referred to professionals who specialise in smoking cessation. However, he said there is not enough evidence to conclude that pharmacists could be included in the definition of 'routine health professionals'.

## Mental disorder in children as high as 10 per cent

Around one in ten children aged 5-15 and living in Britain suffer from some form of mental disorder, according to a survey carried out this year by the Office for National Statistics.

The first large nationally representative survey of its kind found that 5 per cent of children had clinically significant conduct disorders; 4 per cent had emotional disorders and 1 per cent had hyperkinetic problems. Some children had more than one type of disorder. Emotional disorders refer to anxiety and depression and include phobias, panic attacks, compulsions and obsessions; hyperkinetic activity are characterised by inattention and overactivity; and conduct disorders involve awkward, troublesome, aggressive and antisocial behaviour.

Differences were seen between children of different age, sex and social class. Boys were more likely than girls to have a mental disorder (11 per cent vs 8 per cent) and older children were more prone to problems than younger ones. Children from families in Social Class V (unskilled occupations) were three times more likely to suffer disorders than those in Social Class I (professionals).

The majority of children with mental disorders (71 per cent) had seen a general practitioner and/or had contact with a specialist service but a third had not had consulted either. Half had seen someone from the educational services.

### IN BRIEF

#### Nasonex licensed for children

Nasanex (mometasone furoate) Aqueous Nasal Spray has had its licence extended to include use to treat rhinitis in children aged six years upwards. The dose is one spray in each nostril once daily. Previously, Nasonex was restricted to adults and children over 12. Schering-Plough Ltd. Tel: 01707 363636.

#### Lagap salbutamol syrup

Lagap has announced that Salbutamol Syrup 2mg/5ml is temporarily out of stock due to continuing manufacturing problems.

Lagap Pharmaceuticals Ltd. Tel: 01420 478301.

#### Target Depression from ABPI

The Association of the British Pharmaceutical Industry is focusing on depression in its latest round of research and development. 'Target Depression', the ninth in a series of guides, is available free from the Publications Department at: ABPI. Tel: 020 7747 1410.

#### Prostate health leaflet

'Better Prostate Health' is a newly revised 8-page leaflet containing information on benign prostatic hyperplasia and its management. Free copies can be obtained by writing to: Better Prostate Health, PO Box 2846, London W6 0ZG.

#### Once-weekly Alendronate

New data presented at the 6th International Symposium on Clinical Disorders of Bone and Mineral Metabolism has shown that alendronate (Fasamax) administered as a once-weekly 70mg tablet offers equivalent efficacy and tolerability to the current 10mg once-daily dose. MSD is looking to obtain a licence for the weekly formulation which could help improve compliance. Merck Sharp & Dohme Ltd. Tel: 01992 467272.

#### Anabact licence extended

Anabact (metranidazole gel 0.75 per cent) has had its licence extended to include the debridement of gravitational ulcers and decubitus ulcers. Anabact is already licensed for debridement of malodorous fungating tumours.

Biaglan Laboratories Ltd. Tel: 01462 438444.

# Sore throats talk



Your reputation depends directly on what you advise.

So when inflamed sore throats talk to you, recommend Dequadin. It combines a soothing pressed powder format with the anti-bacterial agent, Dequalinium Chloride, to provide fast-acting relief and fight infection.

And to ease the pain of severe sore throats, offer Dequacaine. Its powerful anaesthetic, Benzocaine, numbs pain quickly and effectively.

After all, it's soothed throats that build reputations.



## Dequacaine

For severe sore throats.

Contains Dequalinium Chloride BP 0.25mg & Benzocaine BP 10mg.



## Dequadin

For inflamed sore throats, tonsillitis, pharyngitis, mouth ulcers, and oral thrush.

Contains Dequalinium Chloride BP 0.25mg.

For when sore throats speak for themselves

**Product Information. Dequacaine.** Throat lozenge containing Dequalinium Chloride BP 0.25mg & 10mg Benzocaine BP. **Indications:** For the relief of severe sore throats. **Dosage:** Adults & Children over 12 years: one lozenge to be sucked slowly every two hours as required. Not more than 8 lozenges to be taken in any 24 hours. **Contraindications:** Hypersensitivity to any of the ingredients or to para-aminobenzoic acid and its derivatives. Patients with low plasma cholinesterase concentrations. Children under 12 years of age. **Warnings & Precautions:** Dequacaine should be used in caution in patients with myasthenia gravis. If symptoms persist consult your doctor. Do not exceed the stated dose. **Undesirable effects:** Hypersensitivity reactions. Methaemoglobinæmia has occasionally been reported following the use of benzocaine. **Legal Classification:** P. **Licence Holder:** Crookes Healthcare Limited, Nottingham, NG2 3AA. **Licence No:** PL 00327/0063. **Price:** £2.65 pack of 24. **Date of preparation:** July 1999.  
**Product Information. Dequadin.** Throat lozenge contains Dequalinium Chloride BP 0.25mg. **Indications:** For local therapy of most of the common infections of the mouth, including: vincent's angina, pharyngitis, sore throats, tonsillitis, stomatitis, aphthous ulcers, thrush, glossitis. **Dosage:** Adults & Children over 10 years: One lozenge to be sucked every two to three hours up to a maximum of 8 in one day. Do not exceed the stated dose. **Contraindications:** Hypersensitivity to any of the ingredients. Children under 10 years of age. **Precautions:** If symptoms persist consult your doctor. **Undesirable effects:** Occasional hypersensitivity reactions and soreness of the tongue. **Legal Classification:** P. **Licence Holder:** Crookes Healthcare Limited, Nottingham, NG2 3AA. **Licence No:** PL 00327/0067. **Price:** £1.89 pack of 20. £3.19 pack of 40. **Date of preparation:** July 1999.



**CROOKES  
HEALTHCARE**  
Crookes Healthcare Ltd.  
Nottingham NG2 3AA

# Counterpoints

## TV adds clout to Covonia campaign



Thornton & Ross is supporting its Covonia range of cough medicines with a TV campaign in the London area over Christmas and the millennium celebrations.

The campaign starts this month and runs through into January when the incidence of coughs and colds is

forecast to be most prevalent. It is running on Channel 5 and GMTV.

In the commercial, the Covonia bull appears to crash through the TV screen - reinforcing the 'cough medicines with clout' message. The voice over features celebrity chef Ainsley Harriot.

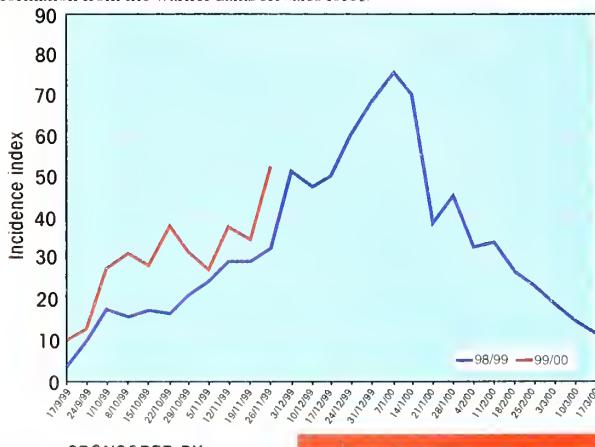
The regional TV campaign is part of a total £500,000 programme that includes national press advertising. The campaign is backed by themed window display material.

**Thornton & Ross Ltd.**  
**Tel: 01484 842217.**

## Cough, cold & flu FORECAST

### Information updated weekly by SDI

The incidence of coughs and colds has shot up sharply in the past week. Newcastle, the only area of the country to still have a lower incidence of respiratory illness this year compared to last, joins the rest of the country on 'Pre-alert' status - apart from Norwich, which moves into its second week on 'Alert'. The UK as a whole has been on 'Pre-alert' for four weeks. Regionally Birmingham, Glasgow, London and Manchester have been on 'Pre-alert' for two weeks, Bristol for six weeks and Leeds for five. Londoners face the highest risk of respiratory illness based on current illness levels. Cough is emerging as the pre-dominant symptom (62 per cent). More information from the Warner Lambert sales force.



# Strength in Numbers

For severe sore throats, the powerful dual-action combination of strong local anaesthetic and a fast-acting anti-bacterial agent has made Merocaine the No1 best selling lozenge.\*

What's more, Merocaine is the pharmacist's favourite recommendation.\*

Add to this excellent profitability all year round and our proven commitment to pharmacy - and it's clear why Merocaine is No1 with your customers and with you.



No1 Best Selling Strong Lozenge  
No1 Most Recommended Strong Lozenge

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Tubiton House, Oldham OL1 3HS, England. Telephone 0161-652 2222

Merocoine is a Trade Mark of Hoechst Marion Roussel Ltd.

**Merocaine Lozenges Product Information:** **Active Ingredients:** Cetylpyridinium Chloride 1.4mg, Benzocaine 10mg. **Uses:** Relief of pain and discomfort of throat infections. **Dose:** Adults and children over 12 years One lozenge every 2 hours as needed but no more than 8 in 24 hours. **Contraindications:** Hypersensitivity to ingredients. **Use in Pregnancy:** No data on use in pregnancy but cetylpyridinium chloride and benzocaine have been widely used for many years without apparent ill-effects. **Side-effects:** Urticaria and other allergic reactions very rarely, transient burning sensation of mouth rarely. Methaemoglobinuria has been reported with benzocaine. **Precautions:** Label states 'If symptoms persist or are severe or are accompanied by fever, headache, nosebleed and vomiting, consult your doctor'. **Holder:** Seton Products Limited, Tubiton House, Oldham, OL1 3HS. **Product Licence Number/Legal Status/Price:** PL 11314/0105, P, RSP £2.45. **Date of Preparation:** September 1999 \*Taylor Nelson Sofres Counterpoint MAT March 1999

## Designer haircare range offers new Salon Solutions

Alberto-Culver is relaunching its Andrew Collinge Salon Solutions haircare range for the next millennium.

The repackaged range comprises 23 haircare products divided into six sub brands - thickening, styling, finishing, moisturising, revitalising and intensive. Nine new products have been added to the range.

The elegant new packaging features a redesigned logo with the letters AC in a flowing design that resembles a lock of hair.

A new fruity fragrance has been introduced for the range. All the products contain vitamins A, E and pro-vitamin B5 to boost hair health and manageability.

Ingredients also include a UV protector and vegetain - a moisture replenishing vegetable protein that nourishes and adds shine to the hair.

Retail prices range from £1.50 for Intensive Sachets to £6.50 for Microfine Serum Spray.

**Alberto-Culver Co UK Ltd.**  
Tel: 01256 705000.

# The bottom line in baby skincare

Kimberly-Clark is supporting a new educational baby skin health campaign that will be launched in January.

'The bottom line in baby skincare' campaign has been developed in association with practising health visitors and is supported by the British Skin Foundation. It is funded by a grant from Huggies nappies.

The campaign material includes an educational pack to support the advice that is given by health visitors and other health professionals involved in practical



parenting education.

The pack covers issues such as

the importance of protecting fragile skin, the basics of good hygiene and preventative information on certain skin conditions.

Information leaflets to distribute to parents are also included in the pack, providing independent advice on washing and drying a baby, nappy changing and common baby skin problems including nappy rash.

Pharmacies can obtain a pack and copies of the leaflets by phoning 020 7331 5344.

**Kimberly-Clark Ltd.**  
Tel: 01732 594000.

## L'Oréal takes fresh approach to skincare for young women

L'Oréal is launching a new daily moisturiser specifically designed for young women aged 20 to 30.

Plenitude Hydrafresh is formulated to provide a fresh energising boost plus long lasting hydration.

It has a fruity fragrance and a light

gel-creme texture that is easily absorbed by the skin. Ingredients include vitamin A, E and B5, calcium and magnesium.

The product is available in two formulations - normal to combination skin (green) and

dry to sensitive skin (pink).

Packaging is in a 50ml frosted glass pot. A practical 75ml tube will also be available from January 2000. Both formats will retail at £4.99.

**L'Oréal.**  
Tel: 020 7937 5454.

This treatment deals with the irritating effects of stubborn dandruff.

The Polytar part of Polytar AF has long been trusted to treat itchy, flaky scalp conditions.



## Closing times over Christmas

- Coloplast will be closed from 3pm on December 24 and will reopen at 9am on December 29. The company will then close at 5pm on December 30 and reopen at 9am on January 4.
- Dominion Pharma will close from noon on December 24 and reopen at 9am on January 4. A medical information service will be provided throughout the closure period on 01428 661078.
- Hollister Ltd will be closed from 2.30pm on December 24 and reopen at 9am on December 29. The company will then close at 2pm on December 30 and reopen as normal on January 4.
- IDIS World Medicines will close from noon on December 24 and reopen at 8am on December 29. The company will then close on December 31 and reopen at 8am on January 4. An enquiry line service will be available on 020 8410 0714 between 10am and 1pm on December 31 and January 3.
- The Proprietary Articles Trade Association will be closed from 4.30pm on December 23 and reopen at 9am on January 4. An answering service will be in operation over the closure period on 01923 211647.
- Shire Pharmaceuticals will be closed over the holiday period and full customer service will resume on January 4. Emergency cover only will be available during the closure period on 01264 348562.
- Thornton & Ross will be closed after December 24 and reopen on January 4.

## IN BRIEF

### Boost for NiQuitin CQ

SmithKline Beecham is supporting its NiQuitin CQ smoking cessation patches with a £5m TV and media campaign from December to March. UniChem is running a special promotion on the brand offering over 50 per cent POR until the end of December.

SmithKline Beecham Consumer Healthcare UK. Tel: 020 8560 5151.

### Nicorette on TV

Pharmacia & Upjohn is running a New Year TV campaign for its Nicorette smoking cessation brand with separate inhalator and microtab advertisements. The campaign will be on air nationwide in January and again in March.

Pharmacia & Upjohn.  
Tel: 01908 661101.

## ON TV NEXT WEEK

**Alka-Seltzer XS:** C4, G5, Sat

**Askit:** STV, C4 (Scot), G5 (Scot), GMTV (Scot)

**Beechams:** U

**Beechams Flu Plus:** All areas except U, CTV, C4, GMTV

**Benylin Children's Cough Range:** All areas except U

**Calpol:** All areas except U

**Covonia:** GMTV, G5

**Lemsip Cold and Flu Max Strength:** All areas except CTV, GMTV, TSW, plus G5

**Lemsip Sore Throat antibacterial lozenge:** All areas except CTV, GMTV, TSW, plus G5

**NiQuitin CQ:** U

**Nytol:** All areas

**Panadol:** U

**Setlers:** All areas

**Solpadeine:** U

**Zantac 75:** C4, G5, ITV, Sat

**Zovirax:** IWT, ITV, C4, G5, Sat

**A** Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GT** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire



This treatment  
deals with the  
cause  
of stubborn  
dandruff.

The Anti-Fungal part of Polytar **AF** effectively  
controls the yeast that causes problem dandruff.

**Precautions and Warnings:** Avoid contact with the eyes. For products may cause skin irritation, rashes and rarely, photosensitivity may cause dermatitis, should this occur, Polytar AF should be discontinued. Store below 25°C. Legal category: GSL. Quantity: Polytar AF is available in bottles of 150ml. Basic NHS Price: 150ml £4.40. Product Licence number: 0174/0071.

**Product Licence Holder:** Stiefel Laboratories (UK) Ltd, Holtspur Lane, Wooburn Green, High Wycombe, Bucks, HP10 0AU. **Full Prescribing Information is available from:** Stiefel Laboratories (UK) Ltd, Holtspur Lane, Wooburn Green, High Wycombe, Bucks, HP10 0AU. Polytar AF is a registered Trademark. © 1999 Stiefel Laboratories (UK) Ltd



**Emma Modin**, export manager for Swedish company Blomdahl Medical, argues that the pharmacy is an ideal place to offer ear piercing services

# A piercing word in your ear

**P**harmacy faces tough competition on a number of fronts, and many outlets are extending their healthcare services to include diagnostic testing and lifestyle advice. A number of business opportunities fall within this sphere of personal healthcare services, one of which could be ear piercing.

Pharmacists might not see ear piercing fitting into the pharmacy environment. But it does, perhaps more so than many pharmacists realise.

Not many people think of ear piercing as a medical procedure, but that is what it is, a minor one, but still a medical procedure. It is therefore important that it is carried out to the highest possible standards of medical hygiene and preferably with some medical know-how.

Today, most ear piercing is done by hairdressers and jewellers, with the attendant risk of poor medical hygiene and minimal medical knowledge. Add this to the use of old-fashioned instruments, and there is an underestimated risk of infection. Ear piercing belongs in the hands of knowledgeable personnel in a 'healthcare' environment.

Ear piercing methods have remained virtually unchanged for the last 25 years and are primitive if one considers how stringent the rules and regulations on safety and hygiene have become in other areas.

Much of the market is still dominated by equipment that was developed in the 1970s when there was little or no knowledge about the causes and origins of, for example HIV, hepatitis, various contact allergies and infections.

Today, our knowledge and understanding is much greater and several studies conclude that nickel allergy and hepatitis B can be contracted through ear piercing.

Within the Health Service, high standards of hygiene are the norm for any invasive operation, and the same applies to the materials used. It is usual for surgeons to use disposable materials or material which is properly sterilised between use. Implants are made from biocompatible materials which are engineered to be easily accepted by body tissues.

Why shouldn't the same standards



**Stud and butterfly are preloaded in a sterile cassette**

apply to ear piercing? It is, after all, a medical procedure where the skin is penetrated and blood rich tissue is pierced. Safer products should mean pharmacists can offer a more professional medical ear piercing service.

An ear piercing earring is a short-term implant, which should be worn for approximately six weeks, so it is important that it is made of the right materials. These should be biocompatible because it is during the healing period, after ear piercing, when customers are most prone to developing a problem such as nickel allergy.

Providing a professional ear piercing service should not be seen as a 'one shot' offering. It is an opportunity to attract new customers who will come back and buy other items. It provides a unique chance to develop relationships, because the customers are putting their trust in you, and most people remember where they had their ears pierced.

Ear piercing can be offered in every pharmacy, with minimal equipment. The operation can be carried out in a consultation area off the shopfloor, which may be more comfortable for the customer. However, if you carry out ear piercing in a designated area on the shop floor, you are advertising your ear piercing service at the same time.

Ideally, you will need a bar stool with a back support and a spotlight so that you can see what you are doing. And don't forget the after sales service. Studies have shown that

during the first year after ear piercing, the customer buys, on average, ten pairs of earrings. This is a commercial opportunity not to miss.

If you look on ear piercing as a long-term commercial opportunity, it is important for you to comply with legal requirements. These are enforced by the Environmental Health Department at every Council, which should see to it that at least minimum standards of hygiene are adhered to.

These legal requirements encompass the need for a wash hand basin with hot and cold water to name but one. In some Councils the normal registration fee is waived for pharmacies since the premises are registered with the Royal Pharmaceutical Society.

The National Pharmaceutical Association recognises ear piercing as a legitimate pharmacy service, which means that pharmacists and their staff should be automatically covered for any public liability provided the shop insurance policy is taken out through the Chemists' Defence Association.

Ear piercing is not a short-term fad. The desire for body adornment has been around for thousands of years. Today, 95 per cent of all women have their ears pierced by the time they are 18 years old.

The pharmacy offering a 'medical' ear piercing service will have customers for years to come. With the increased awareness of AIDS and hepatitis, people are becoming more health conscious and willing to pay that bit more for safety.



**Where better than pharmacy for a medical procedure?**

**Blomdahl Medical produces medical equipment and includes an ear piercing package in its range.**

**The piercing gun never comes into direct contact with the ear, only with a sterile disposable cassette where one ear-piercing earring and butterfly is encapsulated under a safety cover.**

**The safety cover is removed prior to ear piercing and replaced immediately afterwards, so the operator does not have to touch any part which has come into contact with the customer's ear. The medical materials used are medical plastic and titanium.**

**Production is carried out in a clean environment, and products are all marked with expiry date and sterilisation lot numbers so that they can be traced if needed. A record book (with after care instructions) is supplied as part of the package, which extends traceability to customers.**

**Blomdahl Medical also provide consumer information leaflets and selection display stands. They have also a range of classic skin-friendly earrings ideally suited for newly pierced holes.**

# Have you got the bottle to prevent gum disease?



## CORSODYL

Chlorhexidine gluconate

For over 24 years, millions of people throughout the world have been looking to one bottle for the prevention of gum disease.

Extensive clinical trials prove Corsodyl's efficacy in the treatment of gingivitis and it continues to be the No.1 choice\* in the UK.

\* Source: Nielsen Pharmacy Mouthwash Data 1998. **Corsodyl**. Uses: Inhibition of plaque; treatment and prevention of gingivitis; maintenance of oral hygiene; promotion of gingival healing following surgery; useful in the management of aphthous ulceration and oral candidal infections. Presentation: Spray and Mint Mouthwash: Clear colourless solution containing 0.2% w/v chlorhexidine gluconate. Mouthwash: Clear pink solution containing 0.2% w/v chlorhexidine gluconate. Dental Gel: Clear colourless gel containing 1% w/w chlorhexidine gluconate. Dosage and Administration. Spray: Apply to tooth and gingival surfaces and ulcers using up to 12 actuations of the spray twice daily. Mouthwash and Mint Mouthwash: Rinse mouth with 10ml for one minute. Dental Gel: Brush the teeth with one inch of gel for one minute, once or twice daily. Ulcers, oral candidal infections: Apply gel directly to sore areas. For gingivitis use for a month. For ulcers, oral candidal infections, use for 48 hours after clinical resolution. Contraindications: Previous hypersensitivity reaction to chlorhexidine. Such reactions are, however, extremely rare. Precautions: For oral use only, keep out

Known as 'The Gold Standard'™ for gingivitis, it can also be used to treat other oral ailments, including aphthous ulceration and denture stomatitis. So when it comes to an effective mouthwash for preventing gum disease – why settle for anything less?

Corsodyl. Tried, tested and trusted.

**THE GOLD STANDARD**  
TREATMENT FOR GINGIVITIS

of eyes and ears. Pregnancy and lactation. No adverse events have been reported, and no special precautions are recommended. Side effects: Occasional irritative skin reactions. Extremely rarely, generalised allergic reactions to chlorhexidine. Superficial discolouration of the tongue, teeth and tooth-coloured restorations may occur, usually reversible. Transient taste disturbances and burning sensation of the tongue may occur on initial use of the mouthwash, usually diminishing with continued use. Occasional oral desquamation. Very occasional parotid swelling. Overdose: Systemic effects are unlikely after accidental ingestion or overdosage, however gastric lavage may be advisable. Product Licence Numbers and Basic NHS Cost: 'Corsodyl' Spray (0079/0311) 60 ml (OP) £4.10 'Corsodyl' Mouthwash (0070/0313) 300 ml (OP) £1.93 'Corsodyl' Mint Mouthwash (0079/0312) 300 ml (OP) £1.93 600 ml (OP) £3.85 'Corsodyl' Dental Gel (0079/0314) 50 g (OP) £1.21 Legal Category P. Date of last revision June 1998. Licence Holder SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BQ. CORSOOLY and CORSOOYL THE GOLO STANOARD are registered trade marks.



**SmithKline Beecham**  
Consumer Healthcare



## TO MAKE A MINT WITH NICOTINELL'S BRAND NEW SUGAR-FREE LOZENGE

New, unique and innovative sugar-free alternative for quitting without chewing.

• 1st lozenge format equivalent to 2mg of gum.

• Nicotinell is dedicated to continue the growth of the pharmacy smoking cessation market.

**NEW  
LOZENGE**

£5 million heavyweight advertising campaign.

**Nicotinell®**  
The Stop Smoking Programme

Helps your customers set themselves free from smoking



For further information contact Novartis Consumer Health on 01403 323953

[www.nicotinell.co.uk](http://www.nicotinell.co.uk)

**NICOTINELL® MINT 1mg LOZENGE.**

**Presentation:** Nicotine lozenge containing 1mg nicotine, with a mint flavour.

**Indications:** Treatment of nicotine dependence, as an aid to smoking cessation. **Dosage**

**and Administration:** Stop smoking completely when starting treatment. Suck one lozenge when the user feels the urge to smoke.

Normally, 8-12 lozenges per day, up to a maximum of 25 lozenges per day. After

3 months, the user should gradually cut down the number of lozenges sucked. Avoid

sweet drinks 15 minutes before sucking the lozenge. **Contra-indications:** Non smokers,

occasional smokers, people under 18 years.

As with smoking, Nicotinell is contra-indicated during acute myocardial infarction, unstable

or worsening angina pectoris, severe cardiac arrhythmias, recent cerebrovascular accident,

pregnancy and breast feeding. **Precautions:**

Hypertension, stable angina pectoris, cerebrovascular disease, occlusive peripheral arterial disease, heart failure, hyperthyroidism, diabetes mellitus, renal or hepatic impairment, epigastric ulcer or gastric irritation. Keep out of the reach of children at all times. **Side effects:**

Smoking cessation causes many withdrawal symptoms. Events which may be related to

smoking cessation include headache, sleep disturbances and gastro-intestinal disturbance.

May cause throat irritation, hiccuping, minor

digestion or heartburn. **Interactions:**

Smoking may increase the metabolism of some medicines. The dosage of these medicines may require re-titration on smoking ces-

sation. **Legal Category:** P. **Retail Price and Product Licence No:** (PL 0030/0146) in

packs of 12 £2.99, packs of 36 £7.49 and

packs of 96 £15.99. **PL Holder:** Novartis

Consumer Health, Wimblehurst Road, Arundel, West Sussex, RH12 5AB.

**Date of Preparation:** August 1999.

# I had a dream ...

Derek Balon has been dreaming about patient packs and how simple life could be ...

This morning, the dispensary shelves were filled with boxes, none hanging over the edge to be knocked off by a wandering elbow. The names and strengths of the drugs were clearly visible and, although many came from the same manufacturer, there was a clearly visible difference between the drugs, strengths and forms. This applied to both proprietary and generic preparations. All the boxes were unopened: no odd quantities in them. Bliss!

I started dispensing. How easy it all was. The prescriptions were all computer generated, the quantities matched the packs available and the doses were written against each drug. Not just the doses, but the appropriate dose for each patient.

At no time during the day did I need a pair of scissors. Nor did I have to contact the prescriber to verify he really wanted '0 x 13.5ml' of sodium cromoglycate eye drops or '500ml/amps' of Gaviscon, or that the prescription for clobazam would have to be returned to him so he could add the letters 'SLS' to the FP10.

Not once did I have a confused patient complaining: "You gave me the wrong tablets. The last time I had my allopurinol they were marked 'ALL 100'. Those you gave me yesterday had CV2' on them".

So, how does my dream come true? The problems which exist today, but not in my vision of the future, come from two participants in the chain supplying drugs to the patient: the prescriber and the drug industry. A

third, often unrecognised participant, is the government through the rules and regulations which govern doctors, pharmacists and the industry.

## Recognition

The drug industry is a commercial conglomerate which has to make a profit to function. Competition is fierce and the use of unique markings on products is reasonable. This also applies to pack recognition. These factors all play a part in the final product we receive from our supplier.

As original pack dispensing gains ascendancy, the packs we receive will be the same as those supplied to the end-user - the patient. Any suggestion of change to make drug recognition easier for us and the patient must take these factors into account.

Manufacturers should be allowed to develop a brand image, but not at the expense of confusing pharmacists or patients. All product licences should specify the appearance of the dosage form.

This should include colour, size, shape and marking on one side or one half of a solid form. Packaging could be similarly defined.

This unique identification would apply first to the proprietary branded product.

When the patent expired, generic manufacturers would have to continue with the same markings. The universality of marking on product and packaging would enable patentees to retain their brand image, but once the patent expired, patients would be able to recognise the product regardless of manufacturer.

## Quantity prescribed

For acute conditions the length of a course of treatment should be uniform and prescribers should follow guidelines with only rare exceptions. Chronic conditions frequently require long term drug treatment. But why should prescribers provide 28 days supply of one drug and 30 days of another on the same script?

Surely there is no logic in prescribing 30 days supply of a drug for a chronic condition. While it is the

length of the calendar month of September, it is not for February or December. So why not standardise on a 28 day month for prescribing?

Standardisation would motivate prescribers to issue scripts for a period which would be in units of 28 days. Furthermore, pharmacists should be empowered to issue drugs in their packed units, no longer requiring the skills of the topiarist to cut the current asymmetric sub-units into funny shapes.

## Doctors

It is essential that these comments are not seen as an attack on doctors, but they must recognise that no profession is perfect. Many doctors believe clinical freedom is sacrosanct. Perhaps it is, but only if the patient's interest is placed first. All the doctor's efforts should be directed to ensure the patient receives the best possible treatment. But what is the best drug treatment?

The drug industry spends many millions of pounds researching new products. They have scientific evidence that, within statistical limits, a particular drug will be effective for a given condition, if it is given at a specific dose by a specified route for a specified period of time in a substantial proportion of cases.

Some doctors do not follow this advice, but select their own regimen. While in a few isolated cases this is not unreasonable, idiosyncratic regimens on a personal whim should not be allowed.

All treatment of illness should reflect an evidence-based approach. If drugs are included in the management regimen, then the prescriber must select the most appropriate regimen and length of treatment based on the evidence. In cases where the prescribed drug regimen is contrary to the 'counsel of perfection' (perhaps as stated in a new format BNF), pharmacists should be allowed to change some parameters unless specifically barred by the prescriber.

Changes should include the length of the treatment for acute conditions and the frequency of dosage. Any bar to change should not be just a tick in a box, but a prescriber's statement on the prescription that no change is permitted to specific parts of the instruction and a brief reason. Those who wish to deviate should be aware they may have to defend their action.

The Chemists' Defence Association has been providing pharmacists with legal services for 100 years. Glyn Walduck, CDA's legal executive, tells **Steve Bremer** how today's Association compares to that of 1899

# Business as usual

**T**he overall function of the CDA has changed little during its 100 years of existence, according to Glyn Walduck. Its aims remain unchanged since 1899, and while the workload has increased considerably, as have legal costs and indemnities, the subscription still represents good value for money.

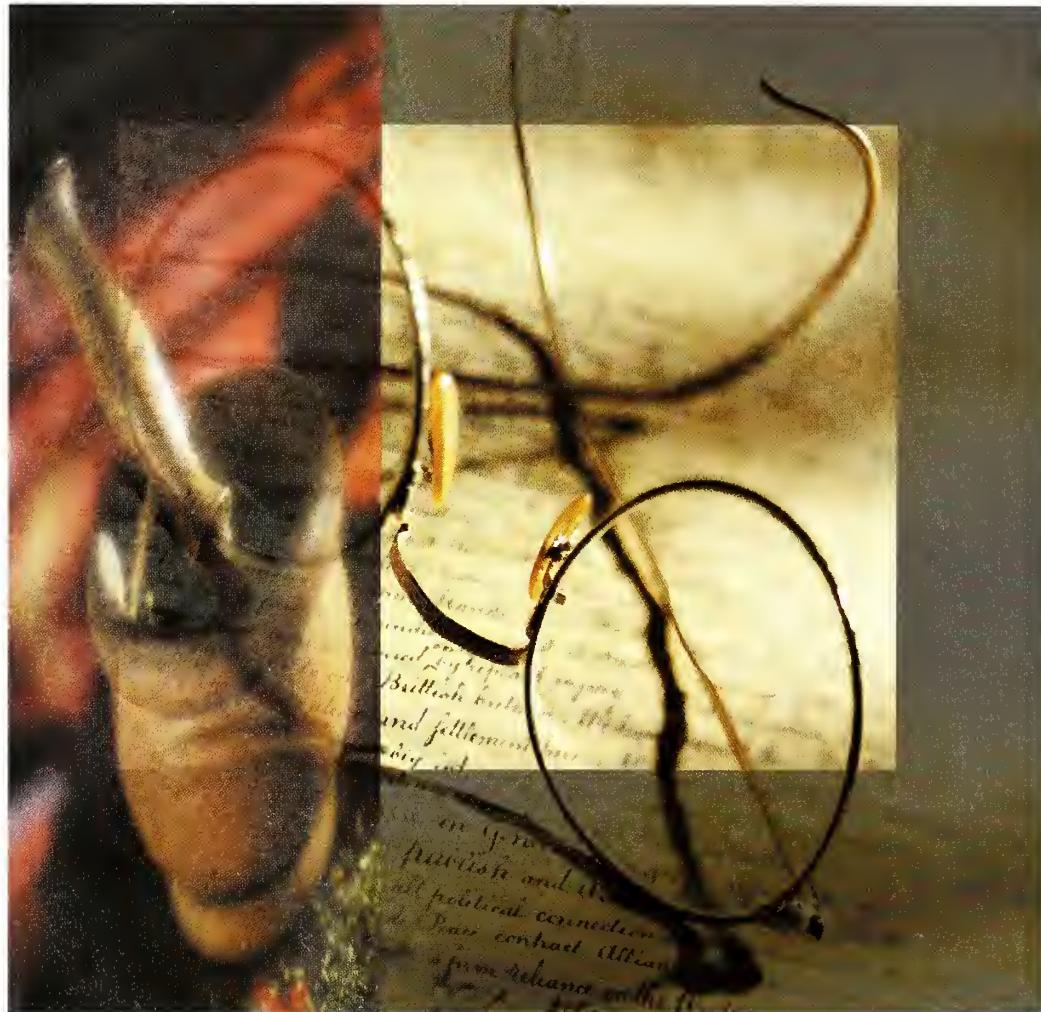
The Proprietary Articles Trade Association launched the CDA as a limited company on November 23, 1899. The National Pharmaceutical Association did not exist at the time, and did not become its holding company until a few years later. The CDA's original aims were:

- to provide legal advice to members upon all matters pertaining to the business in which they are engaged
- to provide legal defence for any of its members who may be prosecuted under various Trade Acts affecting them in their business
- to indemnify members against loss arising from mistakes in dispensing or retailing
- to supply information to its members in reference to any new Acts of Parliament affecting their business, or any change in existing laws
- to watch such legislation in the interests of its members.

Today's aims and objectives are "exactly the same", says Mr Walduck. "Perhaps that is why it has stood the test of time."

An indication of how times have changed however, is given by the Trade Acts that applied at the time. These included the Apothecaries Act 1815, the Weights and Measures Act 1878 and 1889, and the Petroleum Acts 1871 and 1879. All have since been superseded.

In 1899, members were entitled to legal defence against prosecution under any of these Acts up to a cost of £10 and were indemnified up to £500. Costs and indemnity figures have soared during the century and the limit of indemnity now provided is £10 million.



Subscriptions in 1899 were one pound one shilling for each shop, or 10 shillings and sixpence for PATA members. Allowing for inflation, today's rates represent good value for money. Of the £407 National Pharmaceutical Association annual subscription, £156 goes to the CDA.

While most of the original rules remain essentially the same, there has been one important change this year. Previously, the Association would not defend members save in exceptional circumstances against disciplinary proceedings taken by the Royal Pharmaceutical

Society before the Statutory Committee.

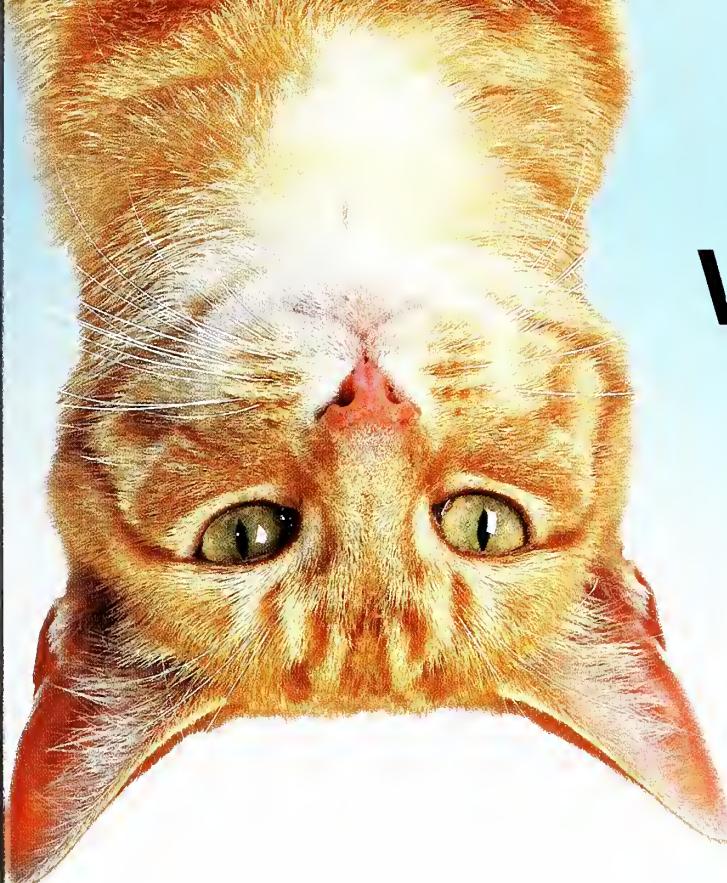
The CDA now defends members in these cases, although the NPA board retains discretion when a member has been convicted of a criminal offence. If there is no conviction, members are automatically entitled to representation. This change is due in part to pharmacists' concerns over their increased liability when carrying out extended roles.

Perhaps a reflection of our increasingly litigious society, the CDA's workload has increased dramatically in recent years. Claims

are up 43 per cent compared to this time last year. The Association has dealt with 449 indemnity cases this year, compared with 310 last year.

While the types of claim have varied little, circumstances have changed with the times. One of the earliest recorded cases dates back to 1925. A pharmacist was issued with a credit note for unsold goods purchased on a sale or return basis, but wanted his 18 shillings in cash. Unfortunately, the CDA was unable to obtain his money because the

*Continued on P24 →*



# Whichever way you look at it

## we're committed to Meltus in Pharmacy

This winter sees our biggest Meltus campaign ever, with our 7th consecutive year on TV, and again a cat plays a role your customers will remember.

In fact, last year's campaign drove consumer purchases up by 25%\* - and this success is set to continue.

Meltus continues to be the fastest growing major cough brand in Pharmacy\*\* offering effective relief for the whole family. And we remain committed to pharmacy by offering you excellent profit deals all year round.

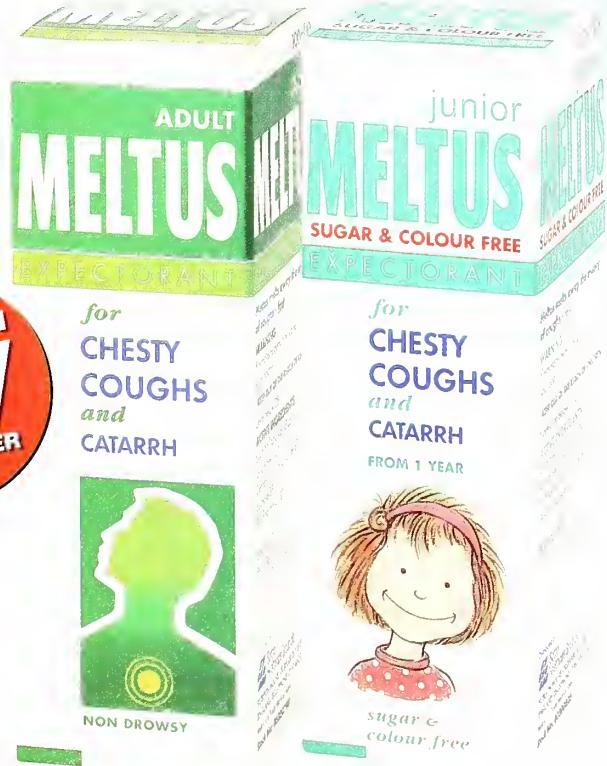
So whichever way you look at it,  
Meltus is the cat's whiskers.

# MELTUS

Helps Melt Away Coughs - Fast

SSL International plc

Meltus is a Trade Mark of Seton.



**ADULT MELTUS EXPECTORANT FOR CHESTY COUGHS AND CATARRH ESSENTIAL PRODUCT INFORMATION.** Presentation: Oral liquid. Each 5ml contains 100mg Guaifenesin BP, 2.5mg Cetylpyridinium Chloride BP, 1.75g Sucrose BP, 0.5g Purified Honey BP. **Indications:** For the symptomatic relief of coughs and catarrh associated with influenza, colds and mild throat infections. **Dosage and Administration:** Adults and Children aged 12 years and over, one or two 5ml spoonfuls to be taken and swallowed slowly every three or four hours. Not recommended for children under 12 years. **Contraindications, Warnings etc:** Contraindications: None known. Warnings: Not suitable for children under 12 years. Very large doses can cause nausea and vomiting. Gastro-intestinal discomfort and mild drowsiness have been reported. Use in pregnancy and lactation: No known contraindications. Side effects: None known. **Legal Category:** GSL. **Packs:** 100ml and 200ml. **Price:** 100ml RSP £3.05, 200ml RSP £4.49. **PL Number:** 0338/5026R. **PL Holder:** Cupal Limited, King Street, Blackburn BB2 2DX. **Date of Preparation:** September 1999. **Further information is available on request from SSL International plc, Tubitox House, Oldham OL1 3HS.**

**JUNIOR MELTUS SUGAR & COLOUR FREE EXPECTORANT FOR CHESTY COUGHS AND CATARRH ESSENTIAL PRODUCT INFORMATION.** Presentation: Oral Liquid. Each 5ml contains 50mg Guaifenesin BP, 2.5mg Cetylpyridinium Chloride BP, Alcohol. **Indications:** For the symptomatic relief of coughs and catarrh associated with influenza, cold and mild throat infections. **Dosage and Administration:** To be taken three or four times daily. Children over 6 years: Two 5ml spoonfuls. Children 1-6 years, one 5ml spoonful. Children under 1 year: On medical advice only. **Contraindications, Warnings etc:** Contraindications: None known. Warnings: Children under one year on medical advice only. Very large doses can cause nausea and vomiting. Gastro-intestinal discomfort and mild drowsiness have been reported. This formulation is not suitable for adults. Side effects: None known. **Legal Category:** GSL. **Packs:** 100ml. **Price:** RSP £2.75. **PL Number:** 0338/0080E. **PL Holder:** Cupal Limited, King Street, Blackburn BB2 2DX. **Date of Preparation:** September 1999. **Further information is available on request from SSL International plc, Tubitox House, Oldham OL1 3HS.**

\* Taylor Nelson Sofres Counterpoint season 98/9 vs season 97/8 \*\* Independent Audit MAT June 1999

→Continued from P22

offending company had been wound up in the meantime. The CDA is still dealing with this type of case 70 years later, says Mr Walduck.

A case dating back to 1952 involved a customer complaint about a glass fragment found in a bottle of Lugol's iodide. Liability was admitted and the claim was settled for £35, with £20 solicitor's costs and £25 CDA costs.

In 1931, the CDA paid out £2,12.0d for damages to a car caused by a pharmacist's errand boy. The errand boy had hit a Sunbeam car with his bicycle and "dened the back and spoiled the enamel".

Even today the typical claim is relatively modest, says Mr Walduck, averaging about £3,000. There is no excess on claims and they range from £20 to £460,000. But in an increasingly litigious world it is anticipated that the level of compensation for claims will increase markedly.

The CDA has been involved in several landmark cases in the past 20 years. These have established pharmacists' legal responsibilities and liabilities, and clarified legislation affecting them.

One of these cases occurred when a pharmacist dispensed an overdose of Migril tablets, having failed to

check the prescriber's instructions. The judge ruled that liability was 60:40 in favour of the pharmacist.

This was an important case because it proved that pharmacists have a professional responsibility in

their own right, which is something the NPA was keen to establish. "And it reinforces the fact that they cannot hide behind the coat tails of the doctor," says Mr Walduck.

Another landmark case involved the dispensing of an ambiguous prescription for a Brompton Cocktail containing pethidine. The patient died as a result of taking the medication. The point at issue here was whether a single act of negligence could be construed as misconduct. The NPA wanted to prove that it could not.

Although the case was heard before the Society's Statutory Committee, the CDA represented the pharmacist because the point at issue affected the whole membership. The CDA lost the case, with a High Court judge ruling that anything contrary to the rules of the profession could be deemed misconduct.

The Gompels case, involving a minor relocation in Wiltshire, clarified

## "The CDA has been involved in several landmark cases during the past ten years"

the legislation surrounding minor relocations and the implications for 'leapfrogging', and the financial effect on competitors.

Criminal prosecutions against pharmacists are rare - the CDA has dealt with only 33 cases this year.

"Most pharmacists are law-abiding citizens," says Mr Walduck.

While it is inevitable that claims for dispensing errors and accidents in their pharmacies will be made against pharmacists, risks can be kept to a minimum if members take time to assess dispensing and checking procedures and evaluate the condition of their premises.

The CDA provides all its benefits as of right. This contrasts sharply with other defence bodies, such as the Medical Defence Union and the Medical Protection Society, where all benefits are discretionary.

The indemnity and defence benefits are provided to NPA members and anyone employed or engaged by them. It covers both employees and self-employed locum pharmacists.

So what about the next 100 years? The times ahead for the CDA are challenging. The increasing role of the pharmacist and the emergence of



**Glyn Walduck**

clinical governance will create a new framework for pharmacy based on quality and self-regulation. As pharmacists take on new roles, so accountability and responsibility will increase. The CDA will need to examine carefully new areas of practice and assess any increased risks associated with them.

The NPA takes a lead in developing new professional roles and actively encourages members to embrace new challenges. At the same time it has, through the CDA, to ensure that it has in place appropriate indemnity cover to underpin these roles. "But the CDA will always be by its very nature more reactive than pro-active," says Mr Walduck.

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## LOCAL HEROES CAMPAIGN

**"Helping CPAG with their campaign was quick and easy and it raised my profile in the community."**

Glenn Taylor, pharmacist, South Wales.

**"My pharmacist realised I had malaria - without her I would not be alive today."**

Ian Tongs, Southampton.

**"I thought I had a simple problem but my pharmacist realised I was having a heart attack - he saved my life."**

Clive Rees, Barry, South Wales.

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# PHARMACY update

## Common market

The monitoring of drug safety does not stop when the drug is granted its licence.

Pharmacist **Gary Marshall**, also on the prescribing committee of his local Primary Care Group, looks at the current pharmacovigilance procedures and the pharmacy input

Until recently pharmacovigilance and post-marketing surveillance (PMS) have not enjoyed a great deal of interest from community pharmacists, probably because of a lack of involvement in reporting and data feedback.

However, with the formation of Primary Care Groups (PCGs) and, in particular, the involvement of community pharmacists in Yellow Card reporting and prescribing policies, this data is proving to be of great importance in evidence based medicine. It also has an influence on prescribing.

In this article the following aspects will be described:

- overview and rationale for carrying out post-marketing surveillance studies
- pharmaceutical industry interest in PMS
- review of PMS methodologies
- prescription event monitoring
- discussion on how PEM data can affect prescribing
- speculation on the future role of community pharmacy in PMS.

### Need for PMS

Medicines are tested for efficacy and safety before being granted a product licence but on average only 2,000-3,000 patients are used. This is due to time and cost constraints. It could take as long as 12 years and cost £200 million to produce one new drug.

Aside from financial considerations, there are external pressures to make drugs available as soon as possible especially in life saving situations. Prescribing cost constraint is another pressure.

Post-marketing trials are artificial in that the drugs are used in well-controlled situations with full compliance to recommended regimens and close monitoring. They normally exclude patients



most vulnerable to adverse reactions such as the frail and elderly and those on multiple drug regimens with multiple pathologies.

However, the biggest problem is trial size. A patient cohort of 3,000 will only highlight reactions more frequent than 1 in 1000. Absence of evidence is not evidence of absence and the need for a comprehensive database is therefore high.

Post-marketing surveillance involves monitoring the safety of medicines under their usual

conditions of use. It is carried out to identify any new safety concerns (hypothesis generating) and to confirm or refute these concerns (hypothesis testing).

### Industry role

A regulatory framework exists which includes the Medicines Act and European Union regulations, where a named person is responsible for adverse drug reactions (ADRs) within each company. Failure to comply could result in this person



### Post-marketing surveillance

A review of PMS and how pharmacists can have an input and get involved



### Domiciliary care

How the elderly and mentally ill can benefit from domiciliary care



### THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 1146), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN C&D JANUARY 22, PROVIDES ONE HOUR'S CONTINUING EDUCATION

### OBJECTIVES

- To understand the importance of post-marketing surveillance
- To be aware of what constitutes post-marketing surveillance
- To be aware of what prescription event monitoring entails
- To recognise the role of community pharmacists in this area

being liable to a fine (usually £2000) and imprisonment (usually two years).

All non-serious ADRs must be reported twice a year for two years and all serious ADRs must be reported within 15 days of knowledge. However, this system does not provide enough information to determine accurate risk assessment.

Having to withdraw a drug for safety reasons is a disaster. Hence, contrary to popular belief, most companies adopt a pro-active stance to determine how safe (or unsafe) their products are.

The industry recognises that while most products will be shown to be safe when prescribed appropriately, there will be rare

Continued on P11



# Spots can't take it,

# but young skin can.



## A GENTLE REMINDER

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To date, 65 studies have been completed with a mean cohort size of 11,055 patients.

Prescription event monitoring represents the real world of medical practice and contrasts with the results in selected patients included in manufacturers' studies.

In 1988, a PEM study on enalapril was started at the same time as a manufacturer post-marketing study, but included a completely different population of patients. In the manufacturer's study there were 10 deaths in 11,700 (0.085 per cent) patients in the first six weeks compared to 1,098 deaths in 13,713 (8 per cent) patients in the PEM study group.

#### ● Limitations of PEM

PEM is probably not an appropriate method for studying older established products as GPs are not keen to copy out all events that may have been recorded over many years. However, the response rates show that specific questions are answered.

#### PEM and prescribing

The safety of non-steroidal anti-inflammatory drugs (NSAIDs) has been studied on several occasions and the results have influenced the deregulation of ibuprofen to OTC status. Other NSAID studies have shown retrospectively that the withdrawn drug Osmasin, which was a controlled release indomethacin product, had no greater incidence of gastric bleeding reactions than other indomethacin products. Also, a study of nabumetone which was thought to have a lower incidence of GI irritancy was shown to be similar to other NSAIDs.

Patient compliance is an important aspect of cost effective prescribing and, high in the ranking of factors affecting compliance, is tolerability of medication. PEM studies can provide accurate information on therapy continuation rates, as well as reasons for discontinuation.

This is particularly important in treating asymptomatic diseases such as hypertension. The latest PEM study on losartan showed the continuation rate to be 82.5 per cent after six months. This compares favourably to the four other treatment classes of diuretics, beta-blockers, calcium channel blockers and ACE inhibitors which have previously been reported at 40-50 per cent.

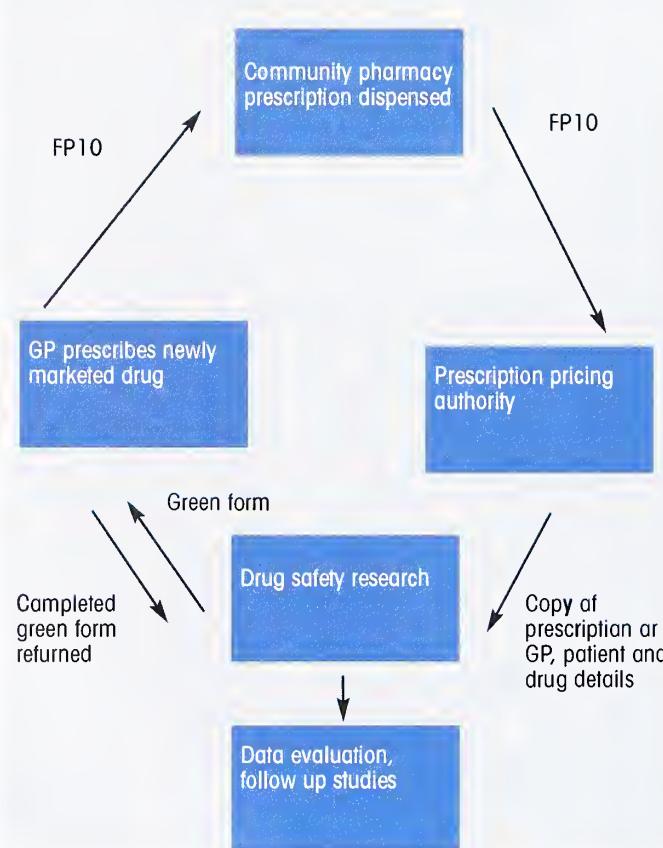
A PEM study of irbesartan is currently in progress. It will be interesting to see if its findings will produce evidence of a clear favourite in the angiotensin II antagonist group.

Cardiovascular drugs are

## A selection of recent DSRU publications

Drug studied	Author	Reference
Calcium channel blockers	Dunn Freemantle & Mann	Br J Clin Pharmacol. 1999;48:230-3
Losartan	Mann Mackay et al.	Journal of Human Hypertension 1999;13:551-7
Nefazodone	Mackay Pearce et al.	Pharmacoepidem. & Drug Safety 1999;8:285-90
Nicorandil	Dunn Freemantle et al.	Pharmacoepidem. & Drug Safety 1999;8:197-205
Risperidone	Mackay Wilton Pearce	Hum Psychopharmacol clin exp 1998;13:413-8
Alendronate	Mackay Wilton Pearce	Br J Gen Pract April 1998;48:1161-2
Fluoxetine	Edwards Inman Wilton	Hum Psychopharmacology 1997;12:127-37
Salmeterol	Mann Kubota Pearce	J Clin Epidemiol. 1996;49(2):247-50
Diltiazem & Calcium channel blockers	Kubota Pearce Inman	Eur J Clin Pharmacol. 1995;48:1-42

#### Prescription event monitoring (schematic)



particularly interesting to study as tolerability of side-effects often determines the drug of choice. Because of the duration of treatment we need to be assured that they do not cause other changes in biochemistry such as endocrine changes.

Theoretically there may be an association between nicorandil and *diabetes mellitus* as diazoxide, another potassium channel opener, is known to promote hyperglycaemia. However, in a PEM study this event was followed up and compared

with other vasodilators – it showed no significant difference to the comparators.

#### Community pharmacy role

Now that community pharmacists can report suspected adverse drug reactions by way of the Yellow Card Scheme, pharmacovigilance will become an important aspect of the dispensing and counselling functions of our jobs. Keeping up to date with CSM reports will be necessary rather than desirable

and I anticipate this will be emphasised in future Codes of Ethics.

However, apart from these professional requirements, participation in the scheme will be very useful in increasing the breadth and depth of reports. In particular, side-effect profiles of generic drugs produced by different manufacturers, and data captured on herbal products may have an important outcome on the regulation and OTC status of some products.

Those pharmacists involved in PCG prescribing committees will no doubt realise how difficult it is to draw up drug formularies. After consideration is given to cost and efficacy, side effects and safety data are often the only real differences in drugs within a class. PEM data has an important and as yet under-utilised role in prescribing decisions. It is credible because it is unbiased and involves real life test data, and is powerful because of patient numbers used. A table of recent studies is included in this article to assist in finding this data.

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#### ACTION PLAN

- How much information do you receive from patients about the reactions they suffer from a newly prescribed drug? List the next 20 presentations/reports you receive in your practice workbook. Were they spontaneous or provoked by you?
- What impact will the extension of Yellow Card reporting to pharmacists have on you?

# Home comforts

The elderly and the mentally ill are two groups of patients that can benefit from drug management as part of a domiciliary pharmaceutical care service. **Jean Rothwell**

FRPharmS, secretary of the South Lancashire LPC, explains how

**P**roviding drug management to mentally ill and elderly housebound people living in the community as part of a domiciliary pharmaceutical care service gives pharmacists an opportunity to use their training to the full.

Pharmacists can help the elderly benefit from their treatment while living in their own homes and retaining their independence. However, if such a service were to become a permanent feature of care in the community, funding would be required from the Primary Care Group (PCG) or Health Authority budgets.

The same programme could be used for mentally ill people after they are discharged from hospital into the community. They usually leave with no community pharmaceutical input to support their rehabilitation programmes, and it is the failure to comply which is usually the main reason for their early re-admission to hospital.

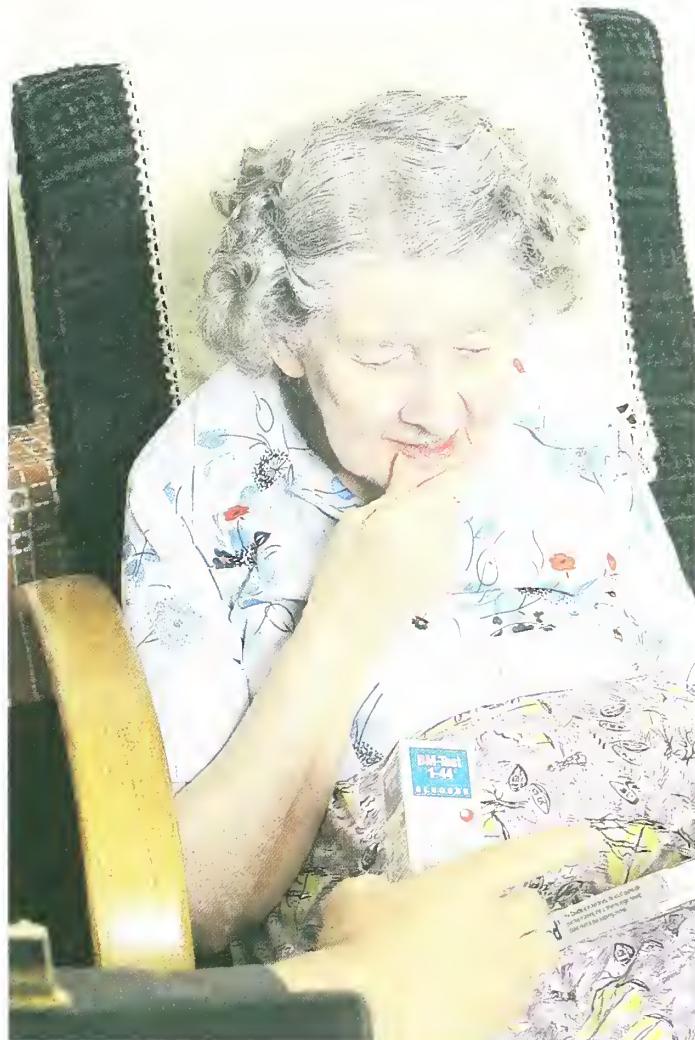
This is an expensive process that could be avoided if money was directed at community pharmacists for the provision of such care services. Unfortunately, the NHS budgets are not flexible enough to do this, and many mentally ill patients continue to spend their lives alternating between hospital and the community with little hope of ever settling down to live a 'normal' life outside hospital.

## Elderly patients

An average community pharmacy may have 50-100 elderly, housebound patients within its catchment area who need to take regular medication.

Although not all of these patients will require regular assistance, help with medication may include:

- arranging for repeat prescriptions to be ordered and delivered
- discussing any problems they were experiencing
- checking that they understand how and when to take their medication
- liaising with their GP about their treatment



- setting up compliance aids if necessary.

If it is assumed that ten patients per week (40 per month) need help in managing their medication, a pharmacist would need to spend around ten extra hours per week ensuring the patients get the maximum benefit from their treatment.

The pharmacist would initially need to spend longer with new patients when they joined the housebound list, and all patients receiving this support would be registered with one pharmacy for all their pharmaceutical needs – prescription or OTC purchases.

The role of community pharmacists would change from one of counting out tablets and delivering medicines, to that of taking over the management of a patient's medication, counselling them in the pharmacy or at home (if a domiciliary service were available) and resolving any problems that may arise.

Where a domiciliary service is provided, the community pharmacist would ideally assume full responsibility for the patient's pharmaceutical care. A personalised medicines care plan would be drawn up for patients and a seamless service



THE COLLEGE OF  
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IN ASSOCIATION WITH MULTIPLE  
CHOICE QUESTIONS BEING  
PUBLISHED IN C & D JANUARY  
22, PROVIDES ONE HOUR'S  
CONTINUING EDUCATION

## OBJECTIVES

- To understand the importance of providing a domiciliary care service
- To identify the patient groups who would benefit from such a service
- To recognise the role of drug management
- To be aware of the pharmacy training needs

implemented, particularly when a patient was discharged from hospital. These would all be co-ordinated with the other support services provided by nurses, occupational therapists, physiotherapists etc, to provide a structured domiciliary care service equal to that which patients might have received if living in a residential care establishment.

This would be less expensive to provide and, in many cases, would be preferred by the patient. Most residential care and nursing homes use the services of a pharmacist to advise on the storage and administration of clients' medication, so a domiciliary pharmaceutical service for housebound elderly (and sometimes younger people) would provide a similar programme in the community. However, if such a service is to succeed, funding must be found.

### ● Heart and circulatory disorders

Heart and circulatory disorders are the most common reasons for elderly patients needing to take drugs. Some of their drugs may give rise to unwanted side effects, which often result in a failure to comply with medication regimen. Some medicines required by elderly people can be equally effective when given in smaller doses than those used for younger patients and it is sometimes suggested that their medication should even be limited to three items – reducing the risk of unwanted side effects, adverse reactions, and iatrogenic disease, by using fewer medicines.

Possible drug problems to look

Continued on PVI →

for in patients with heart and circulatory disorders:

**1) Diuretics:** these are commonly used in the treatment of hypertension and it may be helpful to check whether a smaller dose would be effective for older patients. Adjusting the dose means there is less chance of their body chemistry being upset and they may also benefit from the production of smaller volumes of urine.

Some diuretics can result in low potassium levels, sometimes making the patient feel weak, dizzy or sickly. If this is the case, it is worth discussing with the patient's GP the possibility of lowering the dose or of taking the diuretic on alternate days. In this way, the pharmacist's intervention may prove beneficial to the patient's quality of life.

Interactions sometimes occur between diuretics and some other drugs, producing unpleasant side effects which affect compliance. For example, if bendrofluazide is causing low potassium levels in the body, it may increase the adverse effects of drugs such as digoxin, amiodarone, disopyromide, flecainide and quinidine which may also be prescribed for patients with heart disease.

Bendrofluazide also prevents lithium being eliminated from the body so it is possible for lithium to reach toxic levels resulting in unpleasant side effects.

Other possible risks from interactions with a diuretic include hypokalaemia, ventricular arrhythmias and enhanced hypotensive effects. Not all patients are affected, but elderly people in particular should be warned of a possibility of unwanted side effects like dizziness and faintness, which could result in them falling.

Patients receiving treatment with bendrofluazide who show symptoms of diabetes should also be monitored, as should patients who develop symptoms of gout which is occasionally found after treatment with bendrofluazide.

While bendrofluazide is usually the first choice of diuretic, omiloride is also popular as a weak diuretic because of its potassium conserving action. It is often used in combination with a loop diuretic like furosemide, or with a thiazide diuretic or a beta-blocker, and its adverse effects are more common in the combination forms.

Adverse drug reactions include loss of appetite, dizziness, confusion, muscle weakness etc because of the poor control of blood potassium levels.

All these problems can be discussed when the pharmacist visits the patient and, if appropriate, his or her GP can be



Arthritic patients treated with NSAIDs could suffer from gastric upset

consulted about the choice of drugs being used. This will help to avoid patient non-compliance and will help to ensure that the patient enjoys a better quality of life.

**2) Beta-blockers:** propranolol is one of the most popular first choice of drug used to treat hypertension – usually in combination with bendrofluazide. However, it cannot safely be used for the treatment of patients with asthma, chronic bronchitis, emphysema or other breathing problems.

As well as slowing down the heart rate, beta-blockers also constrict the blood vessels supplying the extremities, causing cold hands and feet in patients whose circulation is impaired.

Beta-blockers may also cause sleep disturbances, skin rashes, depression, dizziness, confusion, as well as a slow pulse. Where these side effects are unacceptable, then a discussion with the patient's GP about alternative treatment should be arranged. Without an opportunity to discuss side effects with the community pharmacist, many patients might abandon their treatment or struggle on and suffer unnecessarily.

However, many patients fail to associate some of the unpleasant side effects with the treatment they are receiving.

**3) Calcium channel blockers:** when calcium channel blockers are prescribed for the control of high blood pressure or to treat angina, it is sometimes found that older people may be controlled with a smaller dose than normally used.

If taken with beta-blockers, there may be a severe lowering of blood pressure and heart failure; if taken with digoxin there may also be unwanted side effects. When

treatment with calcium channel blockers is started, patients should be warned that they may feel dizzy, thus avoiding the risk of falling.

**4) ACE inhibitors:** when taken with a diuretic, can cause very rapid falls in blood pressure and special care must be taken to ensure that any diuretic being taken is discontinued a few days before ACE inhibitor treatment is started. If necessary, the diuretic can be resumed after a few weeks.

Housebound patients may be spared some of these unpleasant side effects by having the services of a domiciliary community pharmacist. Some of these patients would otherwise never have an opportunity to discuss such problems with their medication. In some instances, accidents such as falls caused by dizziness, which may be experienced when taking certain medicines, may be avoided.

#### ● Arthritic conditions

Many elderly arthritic patients receive treatment with non-steroidal anti-inflammatory drugs (NSAIDs) to relieve their pain. Problems may arise if patients are unaware that gastric upset or discomfort can result from taking NSAIDs, and it is usually more distressing in an elderly person particularly when they have no one with whom to discuss their problems and discomfort.

All patients being treated with NSAIDs should be warned about the need to take them with, or after, food. Effects of long-term use, like stomach upsets, diarrhoea, bleeding or ulceration in the duodenum or stomach, should be reported to the patient's GP.

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CONSUMER PHARMACEUTICALS

Some patients are allergic to NSAIDs either when taken by mouth or when rubbed into the skin, particularly people who suffer from asthma.

Other side effects include vertigo, tinnitus, ankle swelling and headache and, if severe, the treatment should be stopped. It is also important for elderly people to be monitored for signs of kidney failure and, where there is fluid retention, the patient's blood pressure should be checked.

If, for example, ibuprofen is prescribed to relieve pain in a patient who has previously suffered a peptic ulcer, the doctor may prescribe an H2 antagonist to prevent further damage to the stomach lining.

However, some of these drugs can cause side effects in the elderly, such as dizziness, sickness, irregular heartbeat, aching muscles or joint pain and swollen breasts. In such cases a domiciliary pharmacist could discuss the problem with the patient and GP, and an alternative schedule of treatment drawn up.

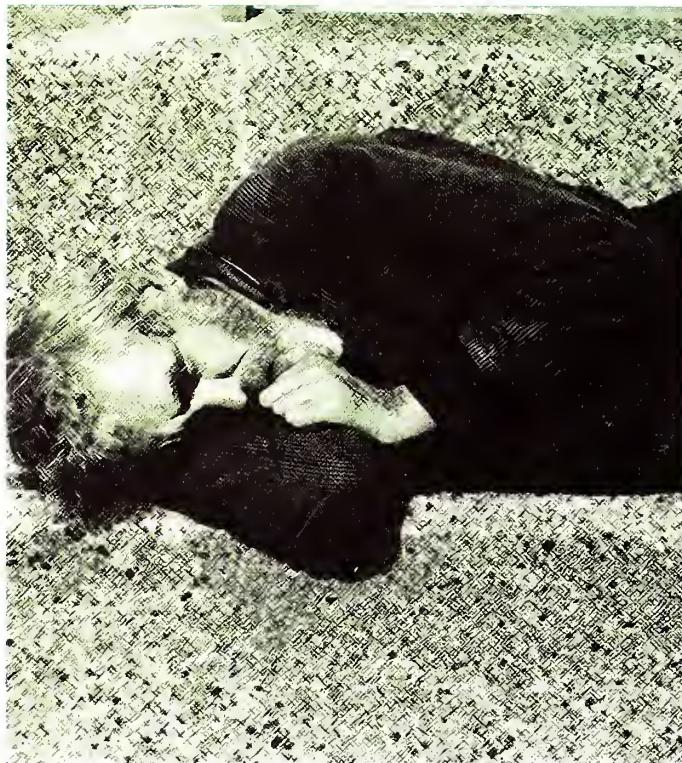
The need for housebound patients to be counselled about the use of their medication and possible side effects is, therefore, important if their quality of life is to be upheld.

## Mentally ill in the community

Helping patients who suffer from mental illness to manage their medication regimes, particularly on discharge from hospital into the community, could improve the outlook for them.

This is especially so for those mentally ill patients who live on their own – a situation often encountered because of the nature of their illness and their desire to be on their own.

On average, there are ten schizophrenic patients on the list of one over-60 GP. Although some will have a supportive family to help them adhere to their treatment schedule, mentally ill patients present many problems for their carers, particularly with regard to compliance, because they often believe that they are not ill and that



Compliance can be a problem for mentally ill patients

they have no need to take their medication.

This is often because of the unpleasant side effects experienced with some of the drugs they take, which are mainly extrapyramidal symptoms, but also sedation, sleep disturbance, and Parkinsonian symptoms which can cause distress.

In severe cases a domiciliary pharmacist can discuss alternative treatment with the GP or hospital doctors, but sometimes the symptoms disappear as the treatment is established. Counselling the patient about their medication is important because if they abandon their treatment because of the initial side effects, their return to hospital is usually hastened.

Some schizophrenic patients who are suitable candidates to receive treatment with clozapine suffer fewer of these side effects once they have become stabilised on the treatment. Close supervision is necessary and regular blood tests have to be carried out to check for signs of neutropaenia or agranulocytosis.

The patient must be registered

with a clozapine Patient Monitoring Service, which keeps a close watch on any signs of blood disorder, for example.

A domiciliary visit by a pharmacist can reassure the patients, giving them an opportunity to discuss problems and find a solution if possible.

## Pharmacy training

Community pharmacists may need training to acquire new counselling skills for providing a domiciliary service. It may be necessary for one or two community pharmacies to share the cost of employing an additional pharmacist to enable this important support service to be provided.

In addition to counselling mentally ill patients in the community, pharmacists may become involved in the provision of monitored dosage systems (MDS) for these patients where a close watch is needed to maintain compliance.

A system for them to call at the pharmacy or to have their MDS delivered by a pharmacist every day or on alternate days would

help some patients to comply, such as those whose medication makes them drowsy and forgetful but who understand the need to take their medication regularly. A joint scheme might be set up with other carers, nurses or social workers for instance, to ensure that medication was taken regularly.

However, if the community pharmacist had the responsibility for seeing that the patient received medication on specified days of the week, then at least there might be less chance of them forgetting to take the medication.

With support from other agencies, such as psychiatric nurses and social workers, the involvement of community pharmacists would add another dimension to the care that should be available to elderly and mentally ill people who wish to live as independent a life as possible in the community.

*C&D is accredited by the College of Pharmacy Practice as a provider of distance learning until March 2000.*

## ACTION PLAN

1. Do you have patients for whom you dispense but rarely, if ever, see? Are they elderly and housebound? Are these your target patients?
2. List these patients in your practice workbook and note who collects their medication. Could the drug regimen cause problems? How do you communicate with the patient? Develop a strategy to deal with the perceived problems.
3. Think about other functions you could perform if you were to carry out domiciliary visits.
4. Have you any patients who have recently returned to the community from a psychiatric care unit? Do you think domiciliary visits to these patients would be helpful?
5. Are you prepared to monitor daily administration of drugs for specific patients? How would you operate such a scheme? Who should pay? Discuss your views with your local LSC and investigate if any pilot project could be initiated in your area.

## PHARMACY Update: distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C&D's readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted

in the January 22, which will cover this week's CPP-accredited modules, together with those in the December 18/25 issue.

The MCQ paper for the November modules will be enclosed in next week's C&D covering:

- Scopolymers (1143)
- Infertility (1144)
- Stress (1145).

A faxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results

– details are given on the monthly MCQ papers.

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NEW MILLENNIUM - NEW PHARMACY - NEW MILLENNIUM - NEW PHARMACY



## LAST CHANCE TO WIN A £40,000 REFIT

To welcome in the new millennium UniChem is pleased to provide one lucky pharmacy with a shop refit up to the value of £40,000. It's easy to enter - all you have to do is fill in the form below and complete the simple tie break sentence then send the form to the freepost address provided. Until the end of this millennium, two pharmacies will be selected each month. The final 18 pharmacies will then be put before a judging panel who will then select one pharmacy which will start the new millennium in style - GOOD LUCK!

Sponsored by SGI. For more information on SGI products & services call 0115 974 4455.

**\*PLUS\***  
**FREE  
PRIZE  
DRAW**

**£1,000**

**of Thomas Cook Holiday Vouchers to be won  
each month up to the eve of the millennium.\***

## Entry Form

**HOW TO ENTER:** Simply fill in the form below and send to UniChem Millennium Promotion, UniChem, Freepost SEA 0753, Chessington, Surrey KT9 1BR or fax to 0181 391 7155. If you do not wish to enter the competition for the Prize of the Year of a pharmacy refit but do wish to be entered for the prize draw then please do not complete the tie break sentence. If you fill in the tie-break you will automatically be entered for both the prize draw and the Prize of the Year. (Please note: this competition and prize draw is open to UniChem account holders only - no purchase is necessary.)

**NAME** .....

**UNICHEM ACCOUNT NUMBER** .....

**NAME OF PHARMACY** .....

**ADDRESS** .....

**TEL:** .....

**TIE BREAK FOR GRAND PRIZE OF A PHARMACY REFIT (In no more than 35 words)**

We'd like a pharmacy fit for the new millennium because .....

**RULES:** 1. Closing date for this months prize draw is 31st December, closing date for entry for the prize of the year is 31st December. 2. No purchase is necessary. 3. Competition and prize draw is open to all UniChem account holders in the UK except the employees and families of Alliance UniChem and its subsidiaries, and HCA Integrated Marketing. 4. Judges decision is final and no correspondence will be entered into. 5. UniChem reserves the right to exclude any entrant from the competition at anytime. 6. Entries are non-returnable, only winners of the prize draw and finalists for the Prize of the Year will be contacted. 7. There is no alternative to the prizes stated. 8. All winners will be notified by post within one month of the specified closing date for entries. 9. For a list of winners please send an SAE to UniChem Millennium Promotion, C/O HCA, 79-91 New Kings Road, London SW6 4QD. 10. Any winner must agree to participate in future publicity relating to the Prize of the Year competition and the prize draw. 11. The pharmacy re-fit includes removal and installation but does not include any structural changes. 12. The pharmacy featured here is an example only. 13. Judging for selection of the finalists for the Prize of the Year will be on originality and appropriateness. 14. Finalists for the Prize of the Year will be sent a list of the judging panel and the judging criteria for selecting the one outright winner of the Prize of the Year. \*The eve of the millennium is 31.12.99. Promoter: UniChem Ltd, UniChem House, Cox Lane, Chessington, Surrey.



UniChem

# Special Offer from UniChem

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*see December UniChem main Promotions Book for details*

- 24 Hour Patch - 'Takes the edge off the cravings' and works quicker!
- 14 Day Pack available for step 1
- NiQuitin CQ - The patch with the personalised 'stop smoking' plan
- £5m+ spent on heavyweight TV & media support from December to March
- Plan to quit for the millennium!



UniChem

Your pharmacy's financial health is poor, why wait for it to get worse? Call a business recovery and insolvency specialist. Ken Touhey reports

**M**ost pharmacists wouldn't think twice about using an accountant or solicitor to help them run their businesses, but many would balk at the idea of using a business recovery and insolvency specialist. Such professionals are often perceived merely as 'undertakers', helping to put businesses in trouble to rest. The truth is far less morbid.

Business recovery and insolvency practitioners are experts at identifying potential problem areas and at showing how these problems can be solved.

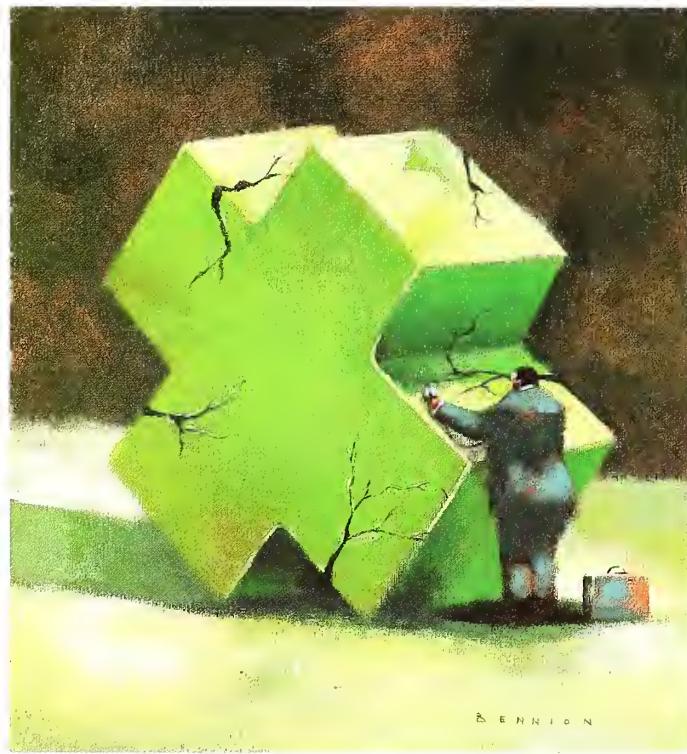
Bringing in an 'outsider' to assess the situation can also be a positive move - sometimes those running the business can be too close to the problem to see exactly what is going on, or they may suffer from tunnel vision when things get tough and fail to spot ideal solutions.

Since the introduction of the 1986 Insolvency Act, which provided the means for individuals and businesses in trouble to be rescued by formal processes, the whole ethos in this country has changed. Banks now offer greater support and, with more changes to the insolvency laws firmly on the political agenda, the emphasis is on enterprise and on providing support and advice to those who do get into difficulties.

Those whose businesses fail due to financial problems no longer bear a great stigma, while everyone who wants to succeed can get help from numerous sources.

Steven Byers, the Trade and Industry Secretary, has said that the Government will press ahead with plans to relax the insolvency laws, as the move towards more informal processes has a political appeal that insolvency does not. He also wants to make them more 'enterprise friendly'. The centrepiece of the legislation is likely to be a moratorium for businesses and individuals, during

# Business doctor



which they can reorganise their finances. By autumn the Government expects to launch a publicly funded agency - the Small Business Service (SBS) - to offer advice and practical information to struggling companies.

Like any provider of services, the business recovery and insolvency profession is constantly evolving to meet changing needs. The move toward saving businesses whenever possible reflects the need to work with management to ensure they are controlling the major factors that lead to business success or failure.

Business recovery activities include advisory and executive services to assist the management of under-performing companies. They can range from rescuing the business, at one end of the spectrum, to giving advice about how to improve the business at the other.

Most pharmacists are very good at the job they are trained to do, ie the preparation and dispensing of medicines. But a recognised shortcoming of this training is that it does not equip them to run a small business successfully. When problems do occur, and pharmacists who do keep a close eye on their business should be able to spot difficulties, action needs to be taken quickly to stop things from becoming worse.

The best people to approach are those with specific experience in this field: business recovery and insolvency practitioners.

Regular surveys into the causes and outcomes of insolvency show us why insolvency occurs, which procedures are the most successful for both creditors and businesses, and how they can be improved. Studies over the past few years show that the longer a business or individual waits before seeking help, the less likely it is to be rescued.

Insolvency generally stems from three factors:

- loss of long-term finance, cashflow problems
- imprudent accounting, lack of management information
- loss of market share.

Business owners need to be aware not only of any weaknesses or problems with their business, but also of the general economic and political environment and any changes to local demographics. Local demographic shifts could have a large impact on the pharmacy, so any changes or potential changes need to be monitored and the possible impact assessed.

Several rescue options exist - formal methods include voluntary arrangements (VAs), which involve proposals to pay creditors, either in part or in full, over a period of time.

This can provide the business with a breathing space while new funding is obtained, or while the business is restructured or sold. In turn, the individual can avoid the stigma of bankruptcy, keep control of his or her

assets, maintain professional status and continue to trade. For the creditors, the returns are better than in a liquidation or bankruptcy.

VAs can be applied to both individuals and companies, they are flexible and can be tailored to suit particular circumstances.

Another option is an administration order, particularly if the business can be turned around, but creditors are putting on pressure. This order can be secured from the courts and it prevents any creditor taking action against the business while the rescue plan is being put together. The administrator appointed by the court can then decide what to do.

Remember, you won't help your cause by waiting too long to get help. In one case, an administrator was called in to a pharmacy that had been closed for two days before the business recovery team was even contacted. When the administrators arrived, they found the pharmacy sparsely stocked and most of the products past their expiry date.

The pharmacy had gradually been sucked into a downward spiral. Inaction by both the proprietor and his advisers over a prolonged period had led to the business being struck off in 1982 for non-filing of audited accounts. The owner had then personally assumed the assets and liabilities of the business and continued to trade, while living in the flat above the shop with his wife.

Although the situation had deteriorated severely, the team made an unconditional sale of the goodwill within ten days by using its database of interested pharmacists. The purchaser negotiated a new lease for the premises and the owner and his wife were re-housed. Regrettably, it was too late to prevent the owner being declared bankrupt.

Although this is an extreme example, it shows the importance of approaching professional advisers quickly.

Business recovery and insolvency practitioners find it more rewarding to ensure a business survives, saving jobs in the process and preventing any knock-on effect on other businesses and individuals.

In that respect they're more like doctors than undertakers.

*Ken Touhey is a licensed insolvency practitioner and a partner with Morley & Scott. He specialises in advising pharmacies in financial difficulties. Tel: 01628 478100.*

**T**he Government has a famous soundbite 'education, education, education'. But for anyone running a small retail business there is a similar and equally crucial mantra: 'location, location, location'.

Put simply, where your business is located is vital to its success. This is an old adage - how far does it apply to community pharmacy?

To start with, it's useful to make a distinction between two scales of location decision-making: strategic and tactical. Some fundamental strategic choices are now opening up about where to locate the pharmacy. We now have options other than the High Street - healthcentre pharmacies, healthy living centre pharmacies, supermarket and hypermarket pharmacies. Pharmacists need to take stock of these growing alternatives and consider their strategic options. For example, is the high street still the right place for my business? Am I in the right town to grow and develop the business?

Even if the answer is 'yes', there are still some tactical issues of location. Could a minor relocation gain me more business? Where could or should I move?

### Strategic choice

MEL Research has asked more than 200 community pharmacists for their views about the alternatives to high-street locations. Surprisingly large proportions were interested in alternative strategic locations and, overall, it seems that more than half of the independents were thinking hard about this topic.

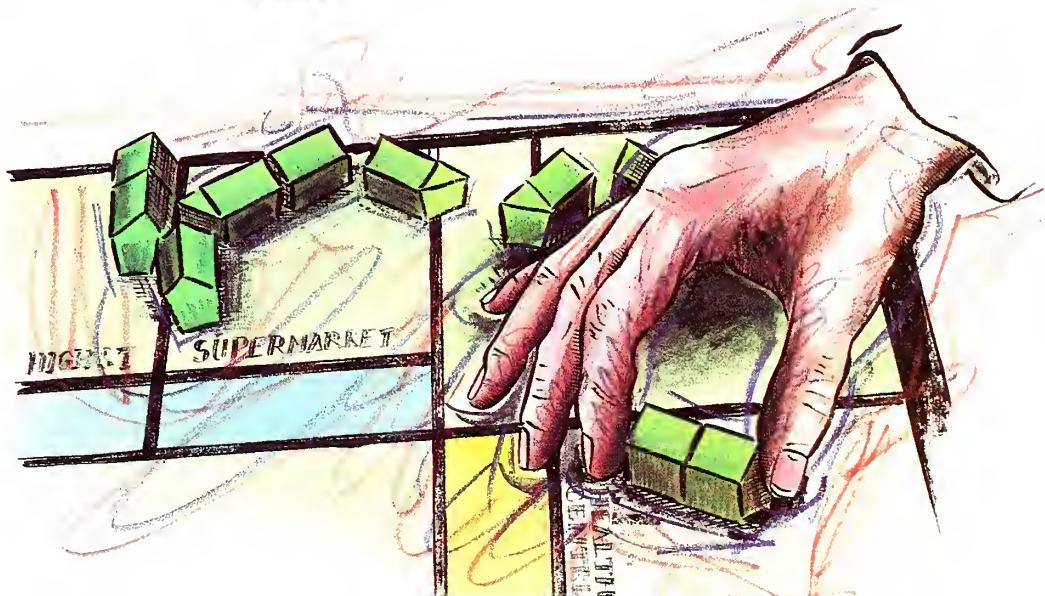
Forty-seven per cent of independent pharmacists, dispensing less than 2,000 items a month, were seriously interested in relocating into a health centre. The figure fell to 26 per cent for those dispensing over 2,000 items a month, which may suggest that the smaller independents believe they will benefit more by increasing their prescription trade through a health centre relocation. This view may be wrong.

From the view point of a business and marketing plan, alternatives of this sort should be examined as business change options, not just relocations. They involve, in effect, a 'repositioning' of the business offer and you need to give serious thought whether you want to go down this road. Going into a health centre might seem an easy way to get prescription volumes up. If you want to become a prescription factory and increase your reliance on the NHS, then fine, but beware if you want to have a wider and more diverse business.

No pharmacist should take this decision without first carrying out a detailed analysis to show which is the biggest contributor to your business'

Are you thinking of re-locating your pharmacy? The move involves far more preparation than merely running through a list of nearby High Streets, as Dr Rob Pocock reports

# Super site



profits (*not* the same thing as turnover, since the principle sources of turnover and 'contribution to profit' may be very different). If you make most money from OTC sales to passing trade customers, expect to lose most of this in a health centre setting.

Don't forget you are repositioning your entire business, and this is a business planning matter that needs proper financial information to evaluate properly. If haven't got this information, do nothing until you have.

### Tactical choice

While location determines your customer profile, different types of customer lead to different types of trade. In MEL's surveys, about 20 per cent of pharmacies were interested in a minor relocation. Pharmacists have always had simple tips to help decide the best spot - next to the post office to attract pensioners and families as they collect their allowances, by the bus stop, close to the newsagents, easy access to parking.

But there is a science in making a successful relocation choice and, conversely, of avoiding a costly

blunder. Changing location may help you reach more customers but will they make you more money? Not necessarily. For example, you may be on the direct route for residents in a neighbouring housing estate to get to the bus stop. They may be a big local source of NHS prescriptions and baby food sales. Move to the more populous premises on the High Street - suddenly you lose your differential advantage for your key customer group.

It's worth stressing: beware of making the simplistic decision and of thinking 'the grass is always greener on the other side of the street'. Think before you act and research your customer base. Only if you know which customers you want (and this means knowing which of them make the most contribution to your business) can you then decide how to relocate to capture them better.

MEL's research has shown that one third of all customers are likely to come from within a quarter of a mile from your premises, and nearly half from within half a mile (see *C&D*, October 16, 1999, p+2). High users of NHS prescriptions are even more

likely to be local than the general user. More people come on foot than by other means, so parking may not always be as crucial to your location as being on the pavement that people use to walk to and from home.

Another thing to consider is the kinds of customer you want to attract. It's no use relocating to gain better access to these customers if you don't do all the other things needed to attract them. If you want passing trade, have you designed your window display to appeal to this sector? If you want loyalty from key high user groups, is your in-store design set out to appeal to them? Perhaps you just need to improve the way you target your pharmacy offers.

One of the great fascinations of business is the way the different business development aspects fit together like a jigsaw. Relocation, premises and in-store design are part of an integrated package. You need to think and plan with each piece in mind. That's good business management.

*Dr Rob Pocock is chief executive of MEL Research.*

## Get up and go with Effico



Thiamine, Caffeine, Nicotinamide

**Q1.** What should I recommend to my customers who feel lethargic or have lost their appetite?

Try recommending a vitamin pick-me-up, such as Effico Tonic. It can be used when feeling tired, listless, run down or after a weakening illness.

**Q2.** What does Effico Tonic contain and how does it work? It's the only tonic to contain an appetite promoter and two 'B' vitamins Thiamine (B<sub>1</sub>) and Nicotinamide (B<sub>3</sub>). Deficiency of these vitamins can cause fatigue, lethargy and loss of appetite. These two 'B' vitamins help release the energy from food and the caffeine acts as a gentle stimulant.

**Q3.** Tonics are renowned for their unpleasant and bitter taste. How does Effico Tonic compare? The product was reformulated to improve the flavour. Consumer research indicated very clearly that the reformulated Effico Tonic taste is preferred to its competitors. Effico Tonic has a great tasting mixed fruit flavour.

**Q4.** Is this an expensive option for my customers?

Effico Tonic is a cost-effective option at £4.79 for 500ml; this equates to a cost per day of only 29p\*.

\* cost per day based on two 5ml spoonfuls taken 3 times daily.

**Abbreviated Product Information:** Further information is available from the product licence holder: Pharmax Limited, Bexley, Kent, DA5 1NX.

Legal Category: GSL.

Last weekend's Young Pharmacists' Group conference was on the theme of 'How the West was won'. Speakers were shooting from the hip on topical issues...

Pharmacy is not ready to embrace e-commerce, according to a panel of leading pharmacists at last weekend's Young Pharmacists' Group conference.

While the four panel members all accepted that changes are inevitable, they agreed that pharmacists are not prepared. Christine Glover, president of the Royal Pharmaceutical Society, said that the Society needs to work on standards to control Internet pharmacy "very fast".

She believes high-street pharmacy will not be superseded, but different pharmaceutical models will co-exist, giving patients more choice.

Barry Simner, pharmacy general manager at Superdrug, said: "I don't think we can hold it back and that it

# Pharmacy not ready yet for e-commerce



The panel at the YPG conference: (l-r) Christine Glover, Barry Simner, David Sharpe and Kirit Patel

should be seen necessary to hold it back. I think we are going to have to welcome it." He pointed out that protocols will be more effective using the Internet, audit trails can be maintained, and medication histories checked. "Let's get in there and work with it," he said.

Kirit Patel, chairman of the National Pharmaceutical Association, is "dead against it". There is no official guidance available and he is concerned about safety issues. Mr Patel believes that "gatekeepers" are necessary for Internet pharmacy.

David Sharpe, chairman of the Community Pharmacy Action Group, has visited Planet Rx, an Internet pharmacy in the US and was impressed by its professionalism.

"Internet pharmacy will happen in this country, and if the profession is not ready, it will be its own fault. We have got to ensure our standards of service are unbeatable," he said.

## Clinical focus

The panel was asked what impact they thought clinical governance will have on the profession. Mrs Glover said: "A lot of pharmacists do this every day of their lives. What has been missing is the documentation. With a little bit of tweaking we are well down the path of clinical governance." It will increase standards and the way pharmacists perform, she continued.

Mr Simner is worried about how the clinical governance terminology is interpreted. "I hope we don't use it as an excuse to stop doing other things," he said.

The main problem with any new activity is time management, said Mr Sharpe. By delegating dispensing activities, pharmacists would be able to find the time for clinical governance, he said. "We are not technicians, we are professionals."

Mr Patel agreed with this, but pointed out that training of technicians is important, although he thought that pharmacists can do this themselves. "Pharmacists should be freed up to be on the front end," he said. The supervision debate needs to be re-opened, agreed Mrs Glover.

## Who's for president?

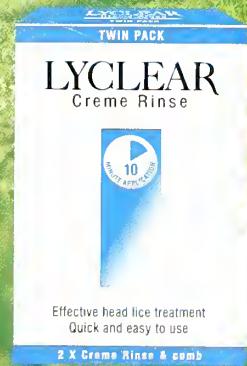
On the Society's presidential election system, Mr Patel said it should be "totally revamped". He thought there should be more interaction between the president and the membership,

*Continued on P32 →*

# 10 MINUTES AGO THE WILSONS DISCOVERED THEY HAD HEAD LICE.



It only takes 10 minutes to treat head lice effectively with Lyclear. Yet it's gentle, pleasant smelling and easy to use. As well as single packs, Lyclear is now available in twin packs so two people can be treated. Which is bad news for head lice but good news for families.



Permethrin

**sentation:** 1% permethrin in an orange creme rinse base. **Uses:** Treatment of head lice. **Dosage and administration:** Adults and children over 6 months: wash, rinse towel-dry hair. Apply enough Lyclear Creme Rinse to saturate the hair and scalp, leave 10 minutes then rinse. **Contra-Indications:** Hypersensitivity. **Pregnancy and lacta-**

**tion:** Under medical supervision. **Side effects:** Generally well-tolerated, rarely scalp irritation. **Price (ex VAT):** 59ml £3.23, 2x59ml £5.95. **Legal category:** P. **Further information:** Warner Lambert Consumer Healthcare, Chestnut Avenue, Eastleigh SO53 3ZQ. **Product licence number:** 15513/0019. **Date of preparation:** May 1999.

→Continued from P30

although he finds Mrs Glover more "user friendly" than some previous presidents.

Mrs Glover pointed out that the Society represents all pharmacists, not just those working in the community, so Council must have a balanced membership. The president must have good presentation and communication skills, she said, and Council is better placed to judge these than the membership.

Mr Sharpe, himself a past president, said: "It wouldn't make the slightest difference who elected the president. If Council members can make mistakes, then so can 42,000 members."

President of the British Pharmaceut-

ical Students' Association, Jonathan Burton, asked whether it is time for "a common sense revolution" in pre-registration and undergraduate training.

Mrs Glover, Mr Sharpe and Mr Simmer all thought there should be more emphasis on communication and interpersonal skills. Mr Patel believed that the fourth year of the undergraduate course should be for specialisation and should include elements of business studies and ethics.

The panel was asked what they would ask for if they had just one wish for the profession. Mrs Glover said: "Whenever somebody says something about medicines, they think of pharmacy." Mr Simmer wished that pharmacy could speak with a unified voice to drive the profession forward.

'Progress in Practice' was the title of the UK Clinical Pharmacist's Association symposium in Blackpool at the end of last month. Judy Wilson, director of the Long Term Medical Conditions Alliance, kicked off proceedings

## Who knows best?

Self-management of health is a productive use of resources, but health professionals, including pharmacists, need to understand the differing role they must play with patients who self-manage.

This was the message from Judy Wilson, director of the Long Term Medical Conditions Alliance, who presented the Bristol-Myers Squibb Lecture at the symposium.

Patients who are confident and knowledgeable about their disease and practice self-management have improved health status and use healthcare services less.

Currently, patients take a spectrum of approaches to self-management. At one end of the spectrum there are highly informed patients who take an active part in the decision making process with healthcare professionals about their health; this would be described as a concordance approach.

At the other extreme there are patients who are happy to rely on the healthcare professional and take a passive role in decision making about the management of their illness.

The group in between are described as 'waiverers'.

One way in which self-management can be developed is through patient



Judy Wilson

groups. While the professionals are experts in treatment and diagnosis, the patient is the 'expert' in having the disease.

Support from other individuals who are coping with the same challenges is important and the patient - not the professional - must be in the driving seat.

The professionals are an important part of these groups, however they should recognise their role is a supporting one, providing information



Christine Clark (right) took time off from her PhD to collect the AstraZeneca Award at the UKCPA symposium

## The quick-to-act type

*Active young man, lives life in the fast lane, seeks something special. Help me feel better straight away. Act fast, no time wasters please.*

Further information is available from Crookes Healthcare Limited, Nottingham NG2 3AA. Nurofen Advance Legal category (P)



[www.nurofen.com](http://www.nurofen.com)



and acting as a sounding board to help individuals make decisions for themselves.

Research that the Alliance has undertaken highlights that people like to be treated by multidisciplinary teams and the role of the pharmacist is appreciated and endorsed. Pharmacists as an information source were highly valued and this was recognised as part of their role.

Mrs Wilson did highlight some constraints and challenges arising from this focus on teamwork. There will be problems about sharing power, not only between health professionals, but between the professional and the patient, she warned.

"We must be prepared for patients with strong views which might be in conflict with our own. As we are moving into evidence-based practice, we will also face dilemmas when the patient's experience of a treatment is different to the evidence."

"These things throw up ethical issues which we will need to deal with. What is the ethical situation if a patient declines their treatment when professional advice suggests that it is the best course of action? Could professionals face litigation in such a scenario?"

Mrs Wilson gave some ways in

## Glasgow pharmacists get their teeth into sugar-free medicines

Pharmacists in Glasgow are contributing to the oral health key improvement target in the city, the conference was told by Liz McGovern from the Pharmacy Audit Programme for Greater Glasgow Health Board.

Scotland has one of the highest rates of dental caries in the under fives in Europe, and Glasgow is an area which has a particular problem. The use of medicines with a high sugar content contributes to this problem, as medicines are often given to children just before they go to bed or during the night.

As the teeth will probably not be brushed after taking the medicine, and saliva production decreases at night, products which are high in sugar can lead to the dental enamel being attacked.

In 1998 the Audit programme repeated an audit concerning sugar-free medicines which it first undertook in 1996. Attitudes to sugar-free medicines have become more positive during this interval with an increase in the number of pharmacists who would offer advice about the sugar content. They were more prepared to persuade customers to change to a sugar-free variant of the same product, or to change to a different product if a sugar-free variant was not available.

Sales of sugar-free medicines have

also risen, the vast majority of which are paracetamol products. 'Cough and cold' medicines have seen a fall in sugar-free usage and present a challenge as there are fewer sugar-free medicines in this category.

When customers who purchased children's medicines were questioned, 60 per cent felt it was important that a medicine was sugar-free. But fewer than 15 per cent of these customers received a sugar-free product.

Sustained action is needed to maintain progress. Pharmacists have the opportunity to promote sugar-free medicines but the pharmaceutical industry needs to support this with more sugar-free products.



Liz McGovern highlighted the Glasgow caries problem

which health professionals can help.

Develop the interaction that exists with patient organisations nationally and locally, she urged, providing information and support to help people make their own choices.

Putting people in touch with patient groups is also important and the pharmacist is in an ideal position to do this when prescriptions are presented for dispensing.

"We must invest time in providing information. Very often the time we give to this is limited. We need to develop our practices not only to provide more information but to allow patients to discuss their feelings and understanding of their disease and its treatment," she said.

There is a need to develop effective multidisciplinary teams and pharmacists must have confidence in their skills. Mrs Wilson described the strengths of the pharmacist as being up to date, being good communicators and working well as team members.

"Finally we must recognise that no one person knows best and we must learn to value the differing views of everybody involved. We also need to develop the team approach to include the patient," she said. Following this approach will increase the quality of life for the patient.

## Day cases at hospital are 'the forgotten tribe'

Elderly patients who attend day hospital are a population for whom little pharmaceutical care is provided, Elspeth Lamont from North Glasgow Hospitals University Trust told the conference.

On discharge from hospital, or after referral from a GP, elderly patients will receive support from physio- and occupational therapists, physicians and nurses at the day hospital, but very little pharmaceutical support is provided.

Patients in these day hospitals admitted missing doses of their medication, sometime due to forgetfulness but also due to concerns about side effects. Patients also experienced problems with child resistant containers and labelling. Many took OTC medicines which they had bought for themselves or had others buy for them.

Discrepancies in the medication history also occurred between the patient, hospital and GP.

There was an important role for pharmacists in day hospitals, Miss Lamont said. This could include providing advice about compliance aids

and side effects, ensuring medicines were dispensed in appropriate containers with clear labelling which the patient was able to read, and advice on the use of OTC medicines.

As this was a population which seldom visited a community pharmacy in person, it was a service which would need to be delivered in the day hospital rather than in a community pharmacy.



Elspeth Lamont: very little pharmaceutical support is provided for elderly patients

## The strong powerful type

Tough nut to crack. Needs the strength to help get over a painful time. Must be something special. Please help! Don't let me down.



[www.nurofen.com](http://www.nurofen.com)



CROOKES  
HEALTHCARE



# Medised Infant

## Parents call for children's cold relief

*Medised Infant has been successfully launched this winter by SSL International to fill a gap in the children's cold relief market. This new variant is specially formulated for babies from three months old and soothes pain, reduces fever plus provides cold relief to dry up a runny nose, eases breathing and helps restful sleep.*

### Stop the sniffles

Latest research reveals that parents cite runny noses as one of the biggest problems with children's colds and nearly three quarters (73%) of parents interviewed said they would be likely to use a product which would relieve all the symptoms of their child's cold<sup>1</sup>. To meet this consumer demand Medised Infant has been developed with a unique dual action formulation which contains the tried and tested antihistamine

Diphenhydramine to help dry up a runny nose, together with Paracetamol to relieve pain and reduce fever.

### Building pharmacy loyalty

Nearly three quarters of parents agreed that advice from pharmacy staff is important when

choosing cold relief for their children<sup>1</sup> and as Medised is only available in pharmacy, this new addition to the range will serve to further increase customers' loyalty. New Medised Infant retails at £2.99 for 100ml and will expand on sales opportunities in pharmacy by introducing parents to the brand earlier.

### The Medised range

Medised is already available in two formulations for children aged over one year, Medised Original and

Medised Sugar Free Colour Free. All Medised variants



are packaged in a child-proof bottle to ensure safety at home.

### Tender to teeth & gums

Medised Infant also works to soothe teething pain, which generally starts at 3-4 months. Over three-quarters

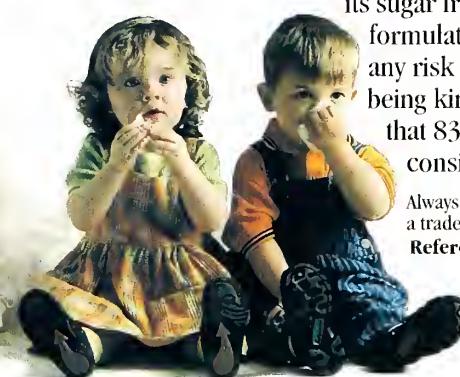
of parents said that while their children were teething they also suffered from fever and pain and over half also had a runny nose<sup>1</sup>.

### Taste the difference

Medised Infant is a pleasant tasting strawberry syrup and its sugar free and colour free formulation helps reduce any risk of allergy while being kind to teeth – a fact that 83% of mothers consider important<sup>1</sup>.

Always read the label. Medised is a trade mark of Seton.

Reference: 1. Gallup Survey, September 1999



**SSL International**

#### Medised Infant Prescribing Information

**Presentation:** Clear to pale pink strawberry flavoured liquid. Each 5ml contains: Paracetamol Ph Eur 120mg and Diphenhydramine Hydrochloride BP 12.5mg. **Uses:** For the treatment of mild to moderate pain, including teething pain, headache, toothache, sore throat, aches and pains. Symptomatic relief of influenza, feverishness and feverish colds. Controls excessive mucous secretion and eases nasal irritation. Dosage and administration: Infants and children 3 months to under 1 year: Half to one 5ml spoonfuls 3-4 times daily. 1-under 6 years: One to two 5ml spoonfuls 3-4 times daily. 6-under 12 years: Two to four 5ml spoonfuls 3 times daily. Dose should not be repeated more frequently than four hour intervals, and no more than four doses should be taken in any 24 hour period. Do not give to infants under 3 months, except on the advice of a doctor. Contraindications: Large doses of antihistamines may precipitate fits in epileptics. Hypersensitivity to paracetamol or any of the other constituents. **Warnings:** If symptoms persist, dosage should not be continued for more than 3 days without consulting a doctor. Do not exceed the stated dose. Immediate medical advice should be sought in the event of an overdose, even if the child seems well, because of the risk of delayed serious liver damage. This product may cause drowsiness. If affected do not drive or operate machinery. Use with caution in patients with renal or hepatic impairment. **Pharmaceutical Precautions:** Store below 25°C. Do not store in a refrigerator. Protect from light. **Legal Category:** P. **Pack Size:** 100ml bottle. **Product Licence Number:** PL11314/0135. **Product Licence Holder:** Seton Products Limited, Tubiton House, Oldham, OL1 3HS. **Distributor:** Seton Scholl Healthcare plc, Tubiton House, Oldham, OL1 3HS. **Telephone:** 0161 652 2222. **Price:** R.S.P. £2.99. **Date of Revision:** July 1999. Further Information available on request from the Product Licence Holder.

# 'Muddling through' leads to striking off

A Liverpool pharmacist allowed counter assistants to dispense prescriptions and had Prescription Only Medicines on sale in his shop, it was alleged at a disciplinary hearing.

When inspectors arrived on the premises and bought medicines that should not have been available over the counter, the pharmacist claimed he had made arrangements to ensure that a properly qualified person was on duty on every occasion the shop was open for business.

## Pharmacist struck off in absentia

A Cardiff pharmacist who is alleged to have fallen asleep at work and given away shop stock to pensioners while working for Lloyds Chemist has been struck off the Register.

Christine Hay, of The Crescent, Llandaff, Cardiff, failed to attend a recent hearing of the Royal Pharmaceutical Society's Statutory Committee. She faced misconduct charges following a promise not to practise and to book herself into Birdsgrove House in Derbyshire to receive psychiatric treatment.

Ms Hay worked as manager at branches of Lloyds and Moss Chemists in Cardiff and Newport between 1992 and 1998.

The Committee heard of numerous examples of her eccentric behaviour. Melissa Jones, a supervisor of Lloyds Chemists, where Ms Hay had been manager, told the Committee: "Over time her frantic behaviour became gradually worse. Examples include suddenly running out of the shop to buy bananas or potatoes, leaving prescriptions undispensed and customers waiting."

"Ms Hay used to fall asleep for an

Jitandra Patel, of Stanley Road, Bootle, Merseyside, was struck off the Register after a hearing before the Statutory Committee of the Royal Pharmaceutical Society of Great Britain.

On March 16, at South Sefton Magistrates Court, Mr Patel pleaded guilty and was convicted on four charges under the Medicines Act of 1968. He was fined £100 on each charge. Similar fines were imposed on the company, Grandbydale Ltd of

hour or more at her desk. I frequently saw her, at least once a day, helping herself to different tablets and capsules."

Striking Ms Hay off, chairman, Gary Flather QC, said: "There was something definitely wrong about the make-up of Ms Hay."

All the allegations against Ms Hay were that her incoherent, frantic, erratic, unco-ordinated and unbalanced behaviour rendered her unfit to practise.

Mr Flather added that he could not understand how Ms Hay was able to move from Lloyds in Cardiff from where she had been dismissed to another Lloyds branch in Newport where she continued in her old ways.

Ms Hay had not contacted the Society since an adjourned private hearing in March this year. Mr Flather stressed she could not apply to be restored to the Register until she came to the Committee with a psychiatric report.

The Society had tried to contact her on numerous occasions and she was believed to be still living at the same address.

which he was a director and superintendent pharmacist. The company runs pharmacies on both Stanley Road and Park Street, Bootle.

For the Society, David Bradley told the hearing how Mr Patel had been absent on a trip to India between July 10 and 24 last year.

He had arranged for locum cover, but in the event, there was no pharmacist in the shop on the two Saturdays of the month he was away.

Society inspectors visited the Stanley Road shop and noticed that POMs were available for retail sale on what they referred to as 'Customer Choice' shelves. Mr Patel was warned about this practice, but on a further visit to the premises on August 19 they were still available to the general public.

Inspectors made further enquiries about the dispensing of prescriptions and questioned Mr Patel. He had lied to them about the exact circumstances leading to the court proceedings and conviction.

Mr Patel admitted all the charges and told the Committee he realised his

misconduct could lead to his name being removed from the Register. He said his supervision had been inadequate and that he had gone on holiday without making good enough provision for proper locum cover.

"I was not checking the shelves as often as I should. I check the shelves every day now in case there are any mistakes. I have taken steps to make sure it will never happen again," he added.

But announcing the Committee's decision, chairman, Gary Flather QC, said: "You though you could just muddle through. What you did could give rise to danger to the public. If we did not take action, we might as well have drugs sold in W H Smith's. It is vital to the public that we have safeguards."

However, the chairman said the Committee recognised that Mr Patel had been a pharmacist for more than 25 years, and references submitted to the Committee spoke well of him. "We expect you to make an application to come back. You made a number of mistakes, but you still have a contribution to make," said Mr Flather.

## LETTERS

### Scratching the surface

The otherwise excellent feature on scalp diseases (Update November 6) contains inaccurate information about head lice infection, which we would like to set straight.

Many people with a head lice infection will not suffer itchy scalps, as the article suggests. Similarly some people suffer itchy scalps with no head lice or other infection.

Nor does the presence of nits confirm the diagnosis of head lice infestation. The presence of nits (an empty head louse eggshell) confirms merely that a head louse has been present at some point. It does not confirm that it is still there.

The only confirmation that someone has a head lice infection is if living, moving head lice are found on the scalp. If there are no lice found, then there is no infection.

There is much misinformation about managing head lice infection. Community pharmacists are ideally situated to offer complete head lice infection management services, as has been seen in Nottingham and Sunderland. It is essential that good quality, evidence-based information is available to and provided by all those involved in this condition.

**Matthew Shaw, Judith Wells, Brenda Graham**  
Sunderland Head Lice Management Service

## The steady persistent type

Hard-working female needs something special. Only a long-lasting relationship will do. Must be able to keep going for up to 12 hours at a time.



[www.nurofen.com](http://www.nurofen.com)

CROOKES  
HEALTHCARE



Further information is available from Crookes Healthcare Limited, Nottingham NG2 3AA. Nurofen Long Lasting: Legal category [P]

# MPs criticise Category D system

The Commons Health Select Committee has found strong evidence that the system of classifying generic drugs in short supply is "wholly inadequate".

Members of the committee said they expected its final report into the shortage of generic drugs to be published before Christmas. MPs on the Committee said they expected it to call for the changes to the pricing regime. Until recently drugs for which there were less than four weeks supply were classed as Category D and could attract higher prices.

Since the Committee began its investigation into the soaring price of generics, the PSNC and the Department of Health have lowered the threshold to two weeks supply, thus reducing the number of products for which higher prices could be charged.

MPs are still unhappy with the system. "The current arrangements are completely hopeless. The Government said it was going to carry out a full review but I'm sure we will be saying it should be completely changed," said one member of the committee.

MPs heard that the rising cost of generic drugs could add £160 million to the NHS drugs bill. They are alarmed at evidence that some GPs are already over budget, and may be prepared to call on the Government to reverse its decision not to inject extra cash into the NHS this winter to cover the unexpected costs.

John Denham, the health minister, told the MPs that no extra money would be provided. That message has been reinforced by health secretary Alan Milburn who, last week, insisted that additional sums already given to

the NHS included contingency money for Winter pressures. The MPs, however, said the generics cost increases could not have been anticipated.

The report is expected to find that there are significant competition issues which need to be addressed. The MPs found that the supply information is gathered only from three manufacturers and two wholesalers. They do not believe this is enough to provide the data required for advance warning of shortages.

"The Committee is also likely to ask for the Government's review to look at the possibility that there is a cartel operating. They [generic manufacturers] could get together and reduce the supply to increase the price. It also needs to look at whether there has been hoarding to push up the price," said an MP.

## Source begins Appeal Court hearing

Source Informatics this week began its appeal against a high court ruling that it acted unlawfully by using GPs' anonymised prescription details in a money-making data programme.

Source downloaded prescription data from pharmacists' computers into a database, which was used by pharmaceutical companies to target GPs with promotions and products. Department of Health guidelines say that disclosing such data is a breach of confidentiality.

Mr Justice Laytham at the High

Court ruled in May that Source's database was encouraging pharmacists to use confidential information without the consent of patients.

Source argues that Mr Justice Laytham failed to draw the correct distinction between patient information, which was clearly confidential, and product information, which involves drugs habitually prescribed by GPs and is confidential only to them, not to the patient. Such information would only be disclosed with the consent of individual GPs and would be strictly controlled to ensure the details are anonymised.

The National Pharmaceutical Association's counsel is also at the Appeal Court because it wants legal clarification on how far pharmacists can use prescription data to run their businesses. It said it wants to protect the rights of pharmacists to continue using the data as they have done so far.

The case is scheduled to finish before the end of this week, although the three Appeal judges are unlikely to make a judgement immediately.

## Cedegim in UK

Cedegim, the French pharmaceutical data specialist, plans to offer pharmaceutical manufacturers information about anonymised product sales by therapeutic categories - not a Wholesale Sales Data Service, as C&D reported last week.

Cedegim also deals with anonymised product sales in France - it does not operate a WSDS-type service there.



**Pharmacists looking for a millennium souvenir might be interested in a limited edition mortar and pestle on sale through the NPA.**

**Available in either bell metal (6.7kg) or aluminium (2.5kg), the mortar is 18cm in diameter and 9cm deep. There will only be 250 copies made of each version. The bell metal version costs £374.83 (inc VAT) and the aluminium version £233.83 (inc VAT). To order, contact NPA Services Ltd**

## IN BRIEF

### Code of practice seminars

Familiarisation seminars on the pharmaceutical industry's code of practice will be run on January 14, February 28 and March 10. Each seminar will be held at the Royal Society of Medicine, 1 Wimpole Street, London, and will begin at 9.30am. For more details, phone the Prescription Medicines Code of Practice Authority at: 0171 930 9677.

### Mediteck has moved

Mediteck has moved to a new address: Unit 34, Cumberland Business Park, Cumberland Avenue, London NW10 7RT, tel: 020 8838 4748; fax: 020 8838 4578.

### United Drug website to list jobs

United Drug will shortly be launching a free recruitment and locum advertising service for pharmacists and other healthcare professionals in Ireland (including Northern Ireland). Pharmacists send the company an e-mail with the relevant details, which are then inserted in the recruitment section of UD's website.

### UniChem promotion

Pharmacists have one last chance to win a £40,000 refit in UniChem's millennium promotion. To enter they merely have to fill in a brief form (see page 26), compose a tie breaker, and send it to a Freepost address. Two pharmacies are selected each month until the end of 1999. A judging panel will then decide which of the final 18 pharmacies will receive the first prize.

## ABBREVIATED PRODUCT INFORMATION

**Tixylix Night-Time / Tixylix Night-Time SF**  
Original and sugar-free linctuses containing 1.5 mg Promethazine Hydrochloride BP and 1.5 mg Pholcodine BP in 5 ml. For the symptomatic relief of cough and colds in children; especially useful for irritating night cough. **Dosage:** Administer two or three times a day. Children 1-2 years 2.5 ml, children 3-5 years 5 ml, children 6-10 years 5 to 10 ml. **CI:** Hypersensitivity.

**Precautions:** Caution in asthma, cardiovascular disease and epilepsy. If symptoms persist for more than 7 days consult a doctor. **SE:** Drowsiness can occur but this is not considered an undesirable effect. Other effects could include dry mouth, headache, fatigue, dizziness, palpitations, stomach upset and rash. **Interactions:** Alcohol, tricyclic antidepressants, hypnotics, anxiolytics, antihistamines or opioid analgesics.

[P] PL 0030/0080 & PL 0030/0081\*

**Tixylix Inhalant** Contains 25 mg Menthol BP, 20 mg Eucalyptus Oil BP, 60 mg Camphor BP and 50 mg Turpentine Oil BP per capsule. For the relief of head colds, catarrh, flu and hayfever. **Administration:** Babies 3 to 12 months: sprinkle contents onto a handkerchief. Place out of reach of the baby. Children 1 year and over: sprinkle onto bed-linen, pillow or night-wear at night. Tip the contents of one capsule into a pint of hot water and inhale the vapours. Always use under parental supervision.

**CI:** Hypersensitivity. **Precautions:** For external use only, avoid direct contact with the skin, eyes or nostrils. GSL PL 0030/0083.\* **Tixylix Daytime** Contains 4 mg Pholcodine Ph Eur in 5 ml. A cough suppressant. **Dosage:** Administer six hourly as required. Children 1-2 years 2.5 ml, children 3-5 years 5 ml, children 6-10 years 5 to 10 ml. **CI:** When cough suppression is inadvisable. **SE:** Nausea and drowsiness. [P] PL 0030/0090\*

**Tixylix Chesty Cough** Contains 50 mg Guaiacolphenesin Ph Eur in 5 ml. Relief of chesty coughs, hoarseness, and sore throats. Helps loosen mucus to make breathing easier. **Dosage:** Administer 4 hourly. Children 1-2 years 2.5 ml, children 3-5 years 5 ml, children 6-10 years 5 to 10 ml. **CI:** Should not be taken with a cough suppressant. GSL PL 0030/0082\*

**Tixylix Cough and Cold** Contains 20 mg Pseudoephedrine Hydrochloride BP, 2 mg Chlorpheniramine Maleate BP and 5 mg Pholcodine Ph Eur in 5 ml. Cough suppressant and decongestant. **Dosage:** Administer six hourly as required. Do not exceed three doses in 24 hours. Children 1-2 years 2.5 ml, children 3-5 years 5 ml, children 6-10 years 5 to 10 ml. **CI:** Hypersensitivity, tachycardia and severe cardiac disorders. Those taking MAOIs or who have taken MAOIs in the last two weeks. Not recommended during an acute asthmatic attack. **Precautions:** Caution with epilepsy, severe diabetes mellitus, hyperthyroidism and hepatic insufficiency.

**SE:** Drowsiness can occur but this is not considered an undesirable effect. Other effects could include dry mouth, headache, fatigue, anxiety, restlessness, dizziness, stomach upset, palpitations, tachycardia and rash. **Interactions:** MAOIs, tricyclic antidepressants, hypnotics, anxiolytics, antihistamines, decongestants, or opioid analgesics. [P] PL 0030/0089.\* **Retail prices** - 1. £2.89. 2. £2.09. **PL Holder** - NOVARTIS Consumer Health, Wimblehurst Road, Horsham, West Sussex RH12 5AB.

# What makes Tixylix® No. 1 for sales?



## Mums can see it on TV (when they get a chance!)

We know how important your advice is to mums worried about children's coughs and colds.

That's why to ensure that Tixylix stays No.1 our TV commercial works hard to bring Tixy mums into your pharmacy. This year we're investing **£2 million in national TV support for the brand.**

And, with the widest range, it's no surprise that Tixylix is still outperforming every other children's cough range.

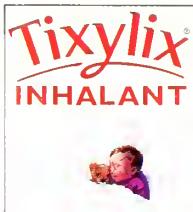
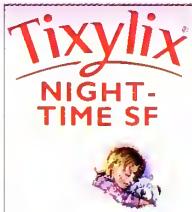
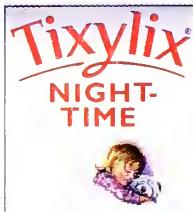
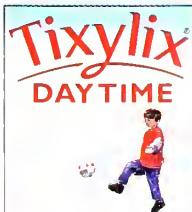
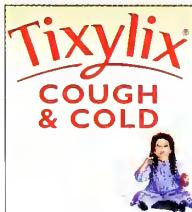
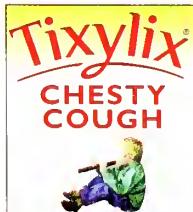
So stock up now by calling our customer care hotline today on 01403 323953.

**Tixylix®**  
Specially made for children

For further information visit our website at: [www.tixy.co.uk](http://www.tixy.co.uk)



The UK's leading children's healthcare charity is supported by the makers of Tixylix and Tiximol. Registered Charity No 296295



**THE FUTURE FOR...**  
New technology - how  
are we going to handle  
it?



Current technological methods of communication are improving daily and pharmacists must be aware of the opportunities it can present in delivering messages to their customers.

Two years ago, certain pharmacies in South London acted as pilot sites to a health promotion interactive video screen sited in their waiting areas. The equipment used was rather large and cumbersome but the principle was established; customers could access health information with the touch of a finger. Today this technology is much neater, smaller and better designed. There is no reason why this method of communication cannot be used in busy pharmacies for any manner of message or information transfer.

Laptop computers could be sited on counters with databases covering any specific topic chosen by the pharmacist ranging from diet and exercise to more personal information, for example vaginal thrush. Not every customer wants to share intimate details with the staff of a pharmacy.

We should not restrict our imagination to one type of communication. Nothing will ever replace the human interface but we should be willing to embrace any projected image technology to improve the service we give to our customers.

Andrew McCraig



approachable throatcare expertise

## IMS launches free pharmacy intranet service

IMS Health has launched an intranet service with free access to all community pharmacists.

IntraPharm will provide a range of business and professional information. Features include the automatic downloads of the latest Category D updates (originally designed for MEDIPhase Highway users), lists of the top 50 OTC products, and access to medical and pharmaceutical information internet sites. The intranet system also provides a free e-mail service (with local telephone charges).

IMS Health's experience in collecting data electronically from 6,000 health professionals in the past means it has been able to develop a very secure network with appropriate firewalls to ensure data confidentiality, it believes. Numark already uses the system to provide its members with their own intranet site, and IMS Health now wants to offer the same free access to all pharmacies. Revenue for the system will come mainly from product advertising and from companies wanting to use the system to set up their own 'local groups' within the intranet.

IMS Health's manager of corporate relations Peter Stephens believes that the network, if it is taken up by a large number of pharmacies could be a way of approaching the NHS to allow pharmacists access to the NHSnet.

The minimum specification to run IntraPharm is a Pentium PC with a 14.4 BPS modem. A CD-ROM, which is used to install the system, and more information is available from IMS Health Regent House, 21 Church Road, Stanmore, Middlesex HA7 4AR. Tel: 020 8357 5757.

## Teacher sues Tambrands over toxic shock syndrome

A teacher who nearly died from tampon toxic shock is claiming £35,000 damages from Tambrands, the manufacturer of Tampax, because she claims it did not give enough warnings on the brand's packaging.

Alison Worsley had bought a pack of Tampax in June 1994 and, one morning, woke up suffering from violent vomiting and diarrhoea. She was ill for several days before seeing her GP.

As Mrs Worsley had been to a wedding reception, her GP thought it was food poisoning. Two days later, however, she was admitted gravely ill to the Royal Preston Hospital, where her symptoms were attributed to toxic shock syndrome.

Her counsel, John Grace QC, told the High Court on Monday that if the Tampax pack had carried clear and ade-

# AAH launches new year programme

AAH Pharmaceuticals will be launching its Windows-based LINK Scripts 2 dispensary software in the new year. The company is also testing a handheld remote stock ordering device.

Building on its current DOS-based system, the new software will be "the platform from which all of our future software will develop", says AAH. Facilities included are stock ordering, labelling, pricing, and automatic stock control. Windows will also allow instant access to patient medication records.

It uses the same key strokes as the DOS-based system but also allows for mouse control. In-house training will be given as the system is installed and system development is planned over the next 12 months. This will include features such as management options and a head office facility.

The hand-held 'palm pilot' is a wireless system offering connection to the internet. Stock ordering works by scanning in product bar codes in the shop and a radio link to the internet

gives a real time answer on when the stock will be delivered. Stock orders can be placed right up to the last minute, and any changes to the system can be updated centrally via the internet link.

The system is being developed in conjunction with Symbol Technologies. AAH is hoping to introduce the system into pharmacies in late spring. Similar systems are being trialed by several retailers, including Marks & Spencer.

For more information about LINK Scripts 2, contact Steve Malone, LINK brand manager on 01203 432000.

● Vantage Pharmacy in Bromley Road, London, has increased its year-on-year sales in nine out of ten categories after becoming involved in AAH Pharmaceuticals' Millennium Musts campaign. Winter remedies saw the biggest increase with sales up 100 per cent, while film and camera sales rose by 75 per cent, VMS by 20 per cent, feminine hygiene by 10 per cent and baby care by 5 per cent.



Vantage Pharmacy in Bromley Road, London, has increased sales during its Millennium Musts campaign

## Teacher sues Tambrands over toxic shock syndrome

quate warnings about toxic shock, Mrs Worsley would have alerted her GP. She is suing Tambrands for breach of the 1987 Consumer Protection Act.

Mr Grace said TSS was rare but potentially fatal - in the 1980s it was found in one in 1,000 menstruating women. He stressed the case was not about the quality of the tampons, nor

whether they caused toxic shock syndrome.

Tambrands' defence plans to call expert evidence, including epidemiological data, to prove its contention that there was no risk in using Tampax, and therefore no need for warnings on the pack.

The hearing continues.

## Government to protect consumer internet rights

Companies who sell over the internet, by mail order or the telephone could soon face criminal prosecution if they do not make consumers aware of their rights.

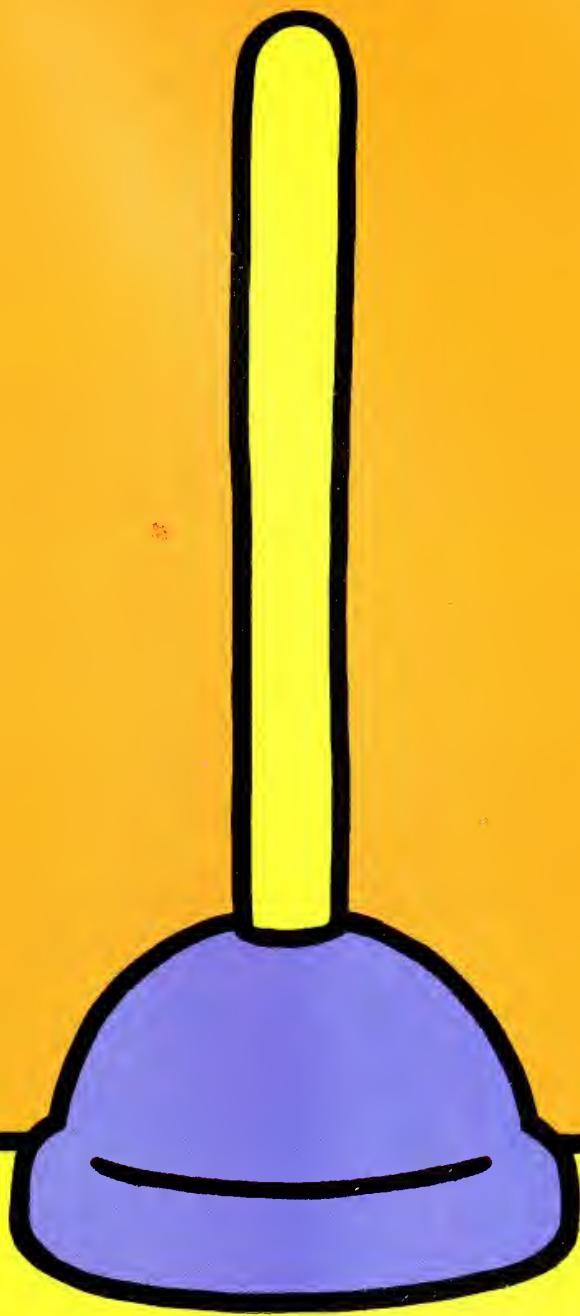
These are proposals put forward by Dr Kim Howells, minister for consumer affairs, in a consultation paper. The framework will implement the

European Union's distance selling directive, which gives basic legal protection to consumers who buy goods and services from a distance.

Dr Howells said the Government had to act quickly because e-commerce was becoming more popular.

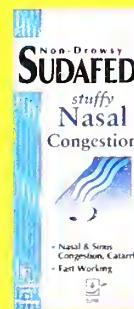
The directive does not apply to transactions between businesses.

# THE PROFESSIONALS' CHOICE



Sudafed is recommended by more pharmacists and prescribed by more GPs than any other decongestant. So it's no wonder that more sufferers choose the trusted relief of Sudafed.

Offering a wide range of non-drowsy formats and unbeatable efficacy, Sudafed is clearly your number one recommendation.



Pseudoephedrine Hcl.



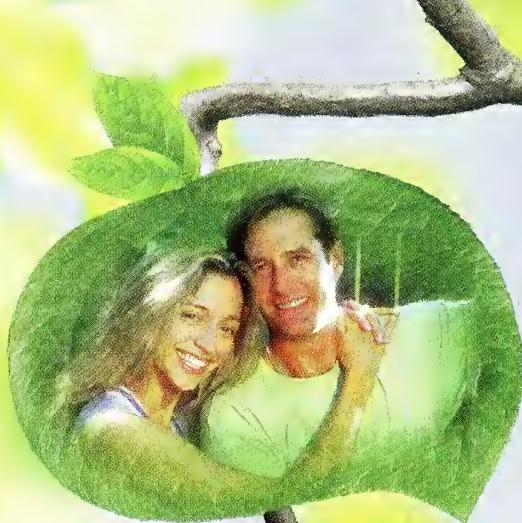
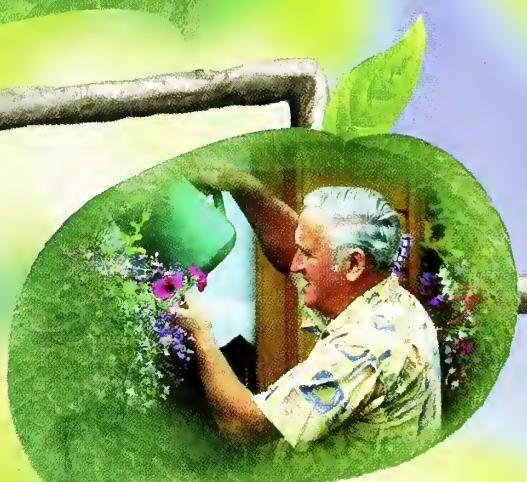
Xylometazoline

#### Tablets and Elixir

**Tablet:** Tablets: 60mg Pseudoephedrine hydrochloride. Elixir: 30mg Pseudoephedrine hydrochloride per 5ml. **Uses:** Relief of nasal congestion. **Dosage:** Tablets: Adults and children over 12 years: 1 tablet every 4-6 hours up to a day. Elixir: 2.5 years: 2.5 ml; 6-12 years: 5ml; adults: 10ml, every 4-6 hours up to 4 times a day. **Contra-indications:** Hypersensitivity, severe hypertension or coronary artery disease, those who have taken MAOIs within 14 days. **Cautions:** Caution with anti-hypertensive drugs, tricyclic antidepressants and sympathomimetic agents. Caution in hypertension, heart disease, diabetes, hyperthyroidism, elevated intracranial pressure, prostatic enlargement and severe renal impairment. Caution during pregnancy and lactation. **Side and adverse effects:** Sleep disturbance and rarely hallucinations. Skin rashes have occasionally been reported. **Price (ex-VAT):** 12s £1.69, 24s £2.89 Elixir 100ml £2.09. **Category:** P. **Product licence holder:** Warner-Lambert Consumer Healthcare, Chestnut Avenue, Eastleigh, SO53 3ZQ. **Product licence number:** Tablets: 15513/0024 Elixir: 15513/0023. **Date of preparation:** November 1999.

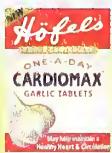
**Nasal Spray:** Xylometazoline hydrochloride 0.1% w/v. **Uses:** Relief of nasal congestion. **Dosage:** Adults and children over 12 years: 1 spray into each nostril 2-3 times daily as necessary. **Contra-indications:** Hypersensitivity, those who have taken MAOIs within 14 days, those with hypophysectomy or surgery exposing dura matter. **Precautions:** Caution in hypertension, heart disease, diabetes mellitus, hyperthyroidism. Do not use for more than 7 consecutive days. **Use in pregnancy:** Side and adverse effects: Local irritation, sneezing and rebound congestion may occur. **Price (ex-VAT):** 15ml £2.94. **Legal category:** GSL. **Product licence holder:** Warner-Lambert Consumer Healthcare, Chestnut Avenue, Eastleigh, SO53 3ZQ. **Product licence number:** 15513/0074. **Date of preparation:** November 1999.

# Healthcare with roots



Höfels®

nature's own pharmacy



Höfels Pure Foods Ltd, Hedon Road, Marfleet, Hull HU9 5NJ

For over 60 years Höfels has specialised in natural healthcare, establishing itself as the No.1 herbal brand in pharmacy.

Today our 12 herbal products are still made from the finest ingredients. Only by using the purest of these can we maximise their beneficial properties, enabling generation after generation to appreciate our unique formulations.

This winter we shall be supporting Höfels with a £1,000,000 national advertising campaign that is sure to attract many new customers.

So stock up on Höfels. We're at the root of your herbal business success.

# Watch out for bogus advertising scams

Pharmacists are being warned to be on their guard against scams in which they are persuaded to part with money for advertising which is never published.

A company with an accommodation address in Wigan, Lancs, has been accused of running a bogus advertising scheme in Scotland.

The company claims it is producing a magazine which will be handed out to school children, and asks if local businesses would like to advertise.

Without further discussion about the advert, a man calls to collect a cheque 'in payment' for it some

months later. According to the National Pharmaceutical Association, most businesses are given a bill for about £85 and the man is very forceful in demanding payment in a busy shop.

Trefor Williams, business manager at the NPA, warns that similar scams have seen pharmacists sold adverts on wall planners to be distributed to health centres, and diaries to be supplied to healthcare workers.

His advice is to contact the local trading standards officer and let the NPA know so that it can alert other members.

## Government proposes new corporate entity

The Government has proposed a new type of corporate entity: the limited liability partnership (LLP).

The Limited Liability Partnerships Bill, if it becomes law, will enable firms to have limited liability while organising themselves as partnerships.

While an LLP firm and negligent members will be liable to the full

extent of their assets, the liability of other members will be limited. The LLP will have to disclose the same information as other companies, such as its financial performance and details of its staff.

The LLP agreement, though, will remain confidential, and the firm will be taxed as a partnership.

## COMING EVENTS

### DECEMBER 6

**East Kent Branch, RPSGB**, at the Pilgrim's Rest, Ashford, 6.30 for 7.45pm. 'Post Mortem Pathology and Forensic Sciences'. Speaker to be confirmed.

**Southampton & District Branch, RPSGB**, (venue to be notified). 'HIV Therapeutics Today'. Speaker: Dr F E Wilmott.

### DECEMBER 7

**Bury & Rochdale District Branch, RPSGB**, at the Broad Oak Suite, Fairfield General Hospital, 7.30 for 8pm. 'Alternative Therapies'. Speaker: Denis Gore, practitioner in alternative health and local pharmacist.

**Leicestershire & Rutland Branch, RPSGB**, at the Education Centre, Leicester General Hospital, 7 for 7.30pm. 'Sexual Health'. Speaker: Dr Rashmi Shukla.

### DECEMBER 8

**Bradford & District Branch, RPSGB**, joint meeting with the **Guild of Healthcare Pharmacists Branch**, at Bradford Royal Infirmary Post Graduate Medical

Centre, 7.30 for 8pm. 'Pharmacy in Haiti'. Speaker: Sue Thomas.

**Nottingham & District Branch, RPSGB**, at the School of Pharmacy, University of Nottingham, 7.30 for 8pm. 'Pharmacists and the Media'. Speaker: Patrick Grice, editor of *Chemist & Druggist*.

### DECEMBER 9

**Bristol Branch, RPSGB**, in Room four, BAWA Leisure Centre, Filton, 7.15 for 8pm. 'Innovative medicines in the 21st Century'. Speaker: Dr William Dawson MRPharmS.

**Glasgow & West of Scotland Branch, RPSGB**, Christmas Social, including Wine Tasting at the Western Infirmary Dining Room, Glasgow, 7.30pm, in the company of Dr James Steel.

**Edinburgh & Lothians Branch, RPSGB**, 'A Celebration for Christmas'. Full details will be mailed separately.

**Lanarkshire Branch, RPSGB**, (venue to be decided). 'Antarctica'. Speaker: June Adam; this will be followed by Wine & Cheese.

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Appointments £27.00 P.S.C.C. + VAT minimum 3x1. General classified £18.00 P.S.C.C. + VAT minimum 3x2. Box numbers £15.00 extra. Available on request. Copy date 4pm Tuesday prior to Saturday publication. Cancellation deadline 10am Friday; one week prior to insertion date. All cancellations must be in writing. Contact Debra Thackeray. Chemist & Druggist (Classified), Miller Freeman UK Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW. Telephone 01732 377493, Fax: 01732 377179. Internet: http://www.datpharmacy.co.uk.

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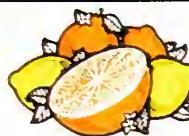
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I would like to take this opportunity to thank our past and present clients for their business and to inform you of booking and copy deadlines over the festive season.

We are combining the 18th and 25th December issues and will accept advertisements up until Tuesday 14th December at 2 p.m.

Our Millennium issue, which is January 1st, we will be accepting copy up until Monday 20th December at 2 p.m.

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Free entries in 'Business Link' (maximum 30 words) are restricted to community pharmacist subscribers to *Chemist & Druggist*. No trade advertisements will be permitted. Adverts must be submitted on the coupon (right), which must be properly completed, and include an expiry date for products. Acceptance is at the discretion of the Publishers and depends on the space available. Pharmacists should only advertise medicines for sale where the product is discontinued or in short supply. Medicines must be unopened and in original packaging.

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# LOCAL HEROES CAMPAIGN

## Celebrity Jonathan saves life with his intervention

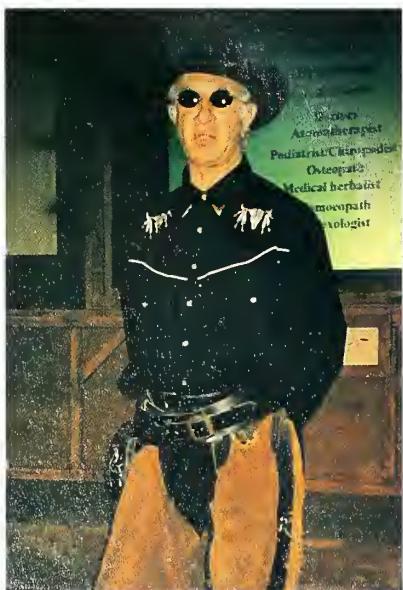


**Jonathan Tang (right) with William Crowfoot in Mr Tang's pharmacy**

he was being resuscitated in Southend Hospital where they diagnosed a blood clot on his lung. Mr Crowfoot is full of praise for his local pharmacist. "There is no way on earth I would have got the same service from a person who did not know me or my problems," he said.

Since a supermarket pharmacy opened in the area, Mr Tang has seen a drop in sales, particularly of over the counter medicines. Mr Crowfoot does not think supermarkets can replace local pharmacies in terms of service or accessibility. "Our local pharmacies are safer for everyone. Take them away and we are lost," he said.

Following the incident, Jonathan has become something of a local celebrity. The story was featured in two local newspapers as well as on BBC Essex.



**David 'the kid'**  
Sharpe rode into the Young Pharmacists' Group conference last weekend to tell all the young hands how he set up his Care Chemists pharmacy. The sharp shooter explained how to make a fistful of dollars from your business at the same time as pushing back the frontiers of pharmacy. He now has a range of healthcare professionals based at his hacienda and not a wigwam in sight

## APPOINTMENTS

Remote Data Entry Ltd has appointed **Paul Sachs** as managing director. Mr Sachs, a founder member of the company, retains his role as technical director. The project director responsible for overseeing the establishment of a new regulatory body for nursing, midwifery and health visiting is **Claire Perry**. Ms Perry is currently chief executive of Bromley Health Authority.



The Ulster Chemist Association's annual dinner and dance at the Culloden Hotel in Craigavon coincided with the day that marked a new era in Northern Ireland politics. The united pharmacy front was represented by (left to right) National Pharmaceutical Association director John D'Arcy, UCA president Ivan Morrison and Irish Pharmaceutical Union president Brendan Quinn



Veteran guests (left to right): Charles Ritchie, a past Secretary of the UCA with his wife Elise, and Cora Watson, a past president of both the UCA and the Pharmaceutical Society of Northern Ireland. Mr Ritchie celebrated his 90th birthday in October and 60th wedding anniversary in April

## Le voleur qui rit

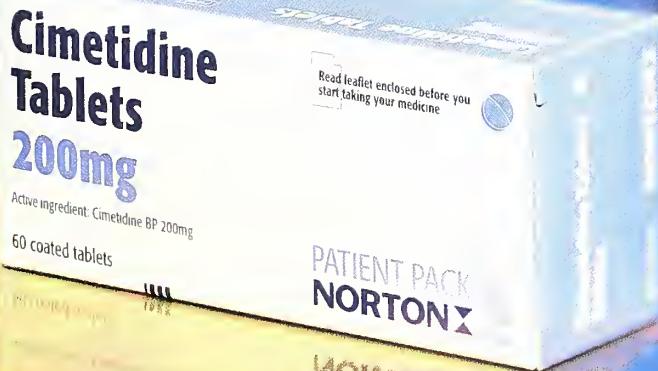
If a salesman with a nice smile and a French accent offers you some cheap toothpaste, think twice before stocking up. Thieves have stolen 127 cases of Rembrandt toothpaste from a warehouse in France and may now be offering it for sale across the EU.

"By now, these thieves teeth are probably the whitest they have ever been - and that could be a dead giveaway when it comes to pointing the finger of suspicion," said Grafton International director, Gareth Hardwick. In a heist worthy of an Inspector Clouseau film, the thieves cut a large hole in the warehouse wall, bypassing the alarm system.

Monsieur le voleur may be given away by the fact that most of his 13,716 tubes of toothpaste are labelled in French. To avoid a rendezvous with the gendarmes, make sure your Rembrandt Mint Toothpaste is not from lot 10018.

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In the busy run-up to the festive season **don't leave it too late  
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inflammatory oedema  
or infected skin lesions.

**Special Warnings and Precautions for Use:**

May cause irritation if  
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inflamed skin. It should  
not be used on the  
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**Undesirable Effects:**  
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**Date of Preparation:**  
July 1999

**References:**

1. The Independent Community Pharmacist 1999; April: 52
2. Frietag G & Hoppner T. Curr Med Res Opin 1996; **13** (9): 529-537.
3. Vieluf D, Matthies C, Ring J. Z Hautkr 1992; **67** (9): 816-821.
4. Wolff HH et al. Data on file. Crookes Healthcare 1998.

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